


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90043 027 ***150.00

DOCUMENT # K13117

1. Entity Name
MAGNA ADMINISTRATIVE SERVICES, INC.



60005798



01092007 Chg-P CR2E034 (12/06)

Principal Place of Business 1320 S. DIXIE HWY #350 SUITE 350 CORAL GABLES, FL 33146 US		Mailing Address 1320 S. DIXIE HWY #350 SUITE 350 CORAL GABLES, FL 33146 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0026888	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CIEF FINANCIAL OFFICER P. O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MENENDEZ, ROSA M 1320 S. DIXIE HWY. SUITE 350 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P Claims Management Div. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Menendez, Rosa M 1320 S. Dixie Hwy., #350 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARIAS, RAFAEL 1320 S. DIXIE HWY. SUITE 350 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, Life Settlement Div. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rencurrell, Ramiro 1320 S. Dixie Hwy., 6th Floor Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, ANTHONY F 1320 S DIXIE HWY. 6TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE ARMAS, ELOY 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNCAN, ROSARIO P 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, ANTONIO M 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Rosario P. Duncan, Sec.** 1/10/07 (305) 668-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #