

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 633453

Entity Name: MAGNA CARTA, INC.

FILED
Feb 09, 2005
Secretary of State

Current Principal Place of Business:

MIKE SEGAL, BROAD ADN CASSEL
201 S BISCAYNE BLVD., STE 3000 MIAMI CNT
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

201 SOUTH BISCAYNE BLVD
SUITE 3000, MIAMI CENTER
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-1968214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, PHILIP M
BROAD AND CASSEL, MIAMI CENTER
201 S BISCAYNE BLVD., SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: SEGAL, PHILIP M.,
Address: 201 S. BISCAYNE BLVD. , SUITE 3000
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: COHEN, ENRIQUE
Address: 201 S. BISCAYNE BLVD., SUITE 3000
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: COHEN, GAIL,
Address: 201 S. BISCAYNE BLVD, SUITE 3000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COHEN, ENRIQUE

PD

02/09/2005

Electronic Signature of Signing Officer or Director

Date