

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 045 ***550.00

DOCUMENT # F02000002517

1. Entity Name
MAGNA PHARMACEUTICALS, INC.



Principal Place of Business
**6316 OLD LAGRANGE ROAD
CRESTWOOD, KY 40014 US**

Mailing Address
**11802 BRINLEY AVE.
SUITE 201
LOUISVILLE, KY 40243 US**

2. Principal Place of Business - No P.O. Box #

10801 Electron Drive

Suite, Apt. #, etc.

Suite 100

City & State

Louisville KY

Zip

40299

Country

USA

3. Mailing Address

10801 Electron Drive

Suite, Apt. #, etc.

Suite 100

City & State

Louisville KY

Zip

40299

Country

USA



07102007

Chg-P

CR2E034 (12/06)

4. FEI Number

61-1185441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LESSER, WARREN P**
STREET ADDRESS **11802 BRINLEY AVE., SUITE 201**
CITY-ST-ZIP **LOUISVILLE, KY 40243**

TITLE **S** ☐ Delete
NAME **FOLEY, IRVIN ESQ.**
STREET ADDRESS **11802 BRINLEY AVE., SUITE 201**
CITY-ST-ZIP **LOUISVILLE, KY 40243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Lesser, Warren P**
STREET ADDRESS **10801 Electron Dr Sute 100**
CITY-ST-ZIP **Louisville, KY 40299**

TITLE **S** ☒ Change ☐ Addition
NAME **Foley, Irvin Esq.**
STREET ADDRESS **10801 Electron Drive Ste 100**
CITY-ST-ZIP **Louisville, KY 40299**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Warren P. Lesser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07
Date

SD. 284 5552
Daytime Phone #