
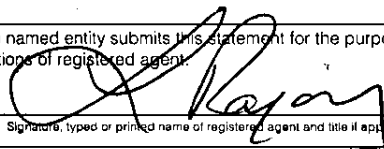
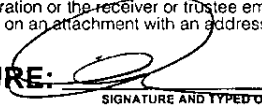


***2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90042 036 ***158.75

DOCUMENT # M42939 1. Entity Name SELECTA MAGAZINE INC.					
Principal Place of Business 232 ANDALUSIA AVE, SUITE 200 MIAMI, FL 33134			Mailing Address 232 ANDALUSIA AVE, SUITE 200 MIAMI, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2763306	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAJOY, LILLIAM 300 ARAGON AVE #305 CORLA GABLES, FL 33134				7. Name and Address of New Registered Agent Name LILLIAM RAJOY Street Address (P.O. Box Number is Not Acceptable) 2525 SW 4th Street MIAMI, FL 33135	
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  DATE 1-16-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD BULNES, NORA 1717 N BAYSHORE DR #1432 MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT RODRIGUEZ, AVELINA 1717 N. BAYSHORE DR. MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BULNES, MICHAEL 1717 N. BAYSHORE DR. MIAMI, FL 33132		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: 			Vice Pres 1-16-07 305-265-4598 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

40028714



01162007 Chg-P CR2E034 (12/06)

\$8.75 Additional
Fee Required