

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008269

FILED
Apr 15, 2009
Secretary of State

Entity Name: MAGISTERIUM, INC.

Current Principal Place of Business:

10951 SW 64TH ST.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10951 SW 64TH ST.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 02-0559055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, LUCILO
5201 BLUE LAGOON DRIVE
SUITE 909
MIAMI, FL 33126 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE AVILA, GERARDO
Address: 10951 SW 64TH ST.
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: LOPEZ, EMILIO
Address: 8495 SW 56TH STREET
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: PEREDA, MANUEL
Address: 9621 SW 77TH ST.
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: MERIDA, OSCAR
Address: 731 NE 3RD PL.
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: CUBA, CARLOS
Address: 6031 SW 95TH CT.
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: RAMOS, LUCILO JR
Address: 5201 BLUE LAGOON DRIVE, SUITE 909
City-St-Zip: MIAMI, FL 33126

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:

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DE AVILA GERARDO

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date