

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000121542 1. Entity Name MAG OF SOUTH FLORIDA, INC.	
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Principal Place of Business 2980 N ANDREWS AVE FT LAUDERDALE, FL 33311-2516	Mailing Address 2980 N ANDREWS AVE FT LAUDERDALE, FL 33311-2516
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2069229	Applied For Not Applicable
5. Certificate of Status Desired ☒ i	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARALIOLIOS, EVANGELOS
3232 NW 22 AVE
OAKLAND PARK, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	11000000933132 02/27/08-80087-023 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARALIOLIOS, EVANGELOS 3232 NW 22 AVE OAKLAND PARK, FL 33309
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IN THIS SPACE**

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: E. Karaliolios E. KARALIOLIOS 2/14/08 954-563-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #