

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000120143

Entity Name: T C MAGS., INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2301 WEST SAMPLE ROAD
BUILDING 4, SUITE 3A
POMPANO BEACH, FL 33073

New Principal Place of Business:

470 SW 12TH. AVE
DEERFIELD BEACH, FL 33442

Current Mailing Address:

2301 WEST SAMPLE ROAD
BUILDING 4, SUITE 3A
POMPANO BEACH, FL 33073

New Mailing Address:

470 SW 12TH. AVE.
DEERFIELD BEACH, FL 33442

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORRELLO, JOSEPH A
2200 SOUTH DIXIE HIGHWAY
SUITE 702-A
MIAMI, FL 33133 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: SPTD () Delete
Name: VELEZ, MICHAEL
Address: 2301 W. SAMPLE ROAD, BLDG. 4, SUITE 3A
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SPTD (X) Change () Addition
Name: VELEZ, MICHAEL
Address: 470 SW 12TH. AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

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

SIGNATURE: MICHAEL VELEZ

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04/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date