

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073791

FILED
Jan 17, 2005
Secretary of State

Entity Name: MAGNUM ASSET MANAGEMENT, INC.

Current Principal Place of Business:

2875 NE 191 ST
900
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2875 NE 191 ST
900
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0787090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: METZ, CHERISE
Address: 19470 AMBASSADOR CT
City-St-Zip: NORTH MIAMI, FL 33179

Title: D () Delete
Name: BLOCK, LARA
Address: 19904 N.E. 19 PLACE
City-St-Zip: MIAMI, FL 33179

Title: P () Delete
Name: FRIEDLAND, DAVID
Address: 917 MANATEE WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: FRIEDLAND, BRETT
Address: 21019 NE 38 AVE.
City-St-Zip: AVENTURA, FL 33180

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARA BLOCK

D

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date