

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101756

FILED  
May 01, 2009  
Secretary of State

Entity Name: MAGELLAN INTERNATIONAL MORTGAGE CORP.

**Current Principal Place of Business:**

260 CRANDON BLVD  
STE 9  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

260 CRANDON BLVD  
STE 9  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-0805179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALAZAR, LISETTE  
LISETTE SALAZAR P.A.  
200 CRANDON BLVD; SUITE 311  
KEY BISCAYNE, FL 33149 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SOMARRIBA, MARIA E  
Address: 260 CRANDON BLVD.; SUITE 9  
City-St-Zip: KEY BISCAYNE, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SOMARRIBA, MARIA E  
Address: 260 CRANDON BLVD.; SUITE 9  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Change (X) Addition  
Name: SOMARRIBA, ARISTIDES  
Address: 260 CRANDON BLVD; SUITE 9  
City-St-Zip: KEY BISCAYNE, FL 33149

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: MARIA SOMARRIBA

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date