2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M42939

1. Entity Name
SELECTA MAGAZINE INC.

Principal Place of Business	Mailing Address
232 ANDALUSIA AVE, SUITE 200 MIAMI, FL 33134	232 ANDALUSIA AVE, SUITE 200 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

01132004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2763306	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAJOY, LILLIAM
300 ARAGON AVE #305
CORLA GABLES, FL 33134

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000093062 03/22/04-80003-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BULNES, NORA
STREET ADDRESS	1717 N BAYSHORE DR #1432
CITY-ST-ZIP	MIAMI, FL
TITLE	VPDT
NAME	RODRIGUEZ, AVELINA
STREET ADDRESS	1717 N. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	BULNES, MICHAEL
STREET ADDRESS	1717 N. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   1-13-04   446-330S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #