

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90749 017 ***158.75

90123484

DOCUMENT # 381646
1. Entity Name Magnum Investment Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7320 SW 146th Terr Suite, Apt. #, etc.	3. Mailing Address 7320 SW 146th Terr Suite, Apt. #, etc.
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City & State Miami, FL Zip 33158	Country US	City & State Miami, FL Zip 33158	Country US
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 59-1354618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name Martin Tabor & Associates	
Street Address (P.O. Box Number is Not Acceptable) 10451 NW 33 ST	
Suite 201A	
City Miami	FL Zip Code 33172

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PD	NAME Tabor, Martin	TITLE	NAME
STREET ADDRESS 10451 NW 33 ST	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Miami, FL 33172	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE SD	NAME Tabor, Abby	TITLE	NAME
STREET ADDRESS 7320 SW 146 Terr	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP Miami, FL 33158	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-28-03** **772-413-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)