

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 576423
Entity Name
THE MAGENHEIMER COMPANY



Principal Place of Business 2600 SW 37 AVE 901 CORAL GABLES, FL 33134 US	Mailing Address 2600 SW 37TH AVE 901 CORAL GABLES, FL 33134 US
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04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGENHEIMER, S.J.
7789 SW 86ST.
409
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signatures required when handling)

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$250.00

3. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000116431
04/16/04-80064-007 150.00

10. OFFICERS AND DIRECTORS

FILE NO	PD
NAME	MAGENHEIMER, S.J.
REET ADDRESS	7787 SW 86 ST E 409
TY-ST-ZIP	MIAMI, FL 33143
FILE NO	
NAME	
REET ADDRESS	
TY-ST-ZIP	
FILE NO	
NAME	
REET ADDRESS	
TY-ST-ZIP	
FILE NO	
NAME	
REET ADDRESS	
TY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(j), 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: *X D.J. English* _____ Date _____ Daytime Phone # _____
Signature and typed or printed name of signing officer or director