

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 640796

Entity Name: MAGNAMERICA, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

8000 LOS PINOS CIRCLE  
CORAL GABLES, FL 33143

## New Principal Place of Business:

5500 ORDUNA DRIVE  
CORAL GABLES, FL 33146

## Current Mailing Address:

C/O STEVEN M. LEE, ESQ.  
1200 SW 2ND AVENUE  
MIAMI, FL 331304214

## New Mailing Address:

FEI Number: 65-0733206      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, STEVEN M ESQ.  
1200 SW 2ND AVENUE  
MIAMI, FL 331304214 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: P ( ) Delete  
Name: DEBAYLE, CARMEN A  
Address: 8000 LOS PINOS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33143

Title: S ( ) Delete  
Name: DEBAYLE, MELISSA M VP,S  
Address: 8000 LOS PINOS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33143

Title: T ( ) Delete  
Name: DEBAYLE, CARMEN A VP,T  
Address: 8000 LOS PINOS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEBAYLE, CARMEN A  
Address: 5500 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change ( ) Addition  
Name: DEBAYLE, MELISSA M S  
Address: 5500 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Change ( ) Addition  
Name: DEBAYLE, CARMEN A T  
Address: 5500 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

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: CARMEN A DEBAYLE

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date