

DOCUMENT # 685605

1. Entity Name  
MAGALDI'S INC.

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business  
 2080 NW 2 AVE  
 MIAMI FL 33169  
 US

Mailing Address  
 602 ISLAND DR  
 KEY LARGO FL 33037  
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2022481

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLSKI, STEPHEN J  
 2600 DOUGLAS ROAD  
 SUITE 1109  
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

PTD  
 MAGALDI, RICHARD J  
 602 ISLAND DR  
 KEY LARGO FL 33037

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

U00000623598  
 02/13/07-80071-016 150.00

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

DVS  
 MAGALDI, MARION E  
 602 ISLAND DR  
 KEY LARGO FL 33037

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Marion E. Magaldi*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-07

305-451-9289

Date

Daytime Phone #