


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000004949

1. Entity Name
MAG-TEK, INC.



Principal Place of Business Mailing Address

**20725 S. ANNALEE AVE.
 CARSON, CA 90746** **20725 S. ANNALEE AVE.
 CARSON, CA 90746**

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
95-2774055 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JENSEN, DANNY VP
 12260 S W 53RD STREET STE 601
 FORT LAUDERDALE, FL 33330**

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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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HART, ANN MARIE
STREET ADDRESS	20725 S. ANNALEE AVE.
CITY-ST-ZIP	CARSON, CA 90746
TITLE	VC
NAME	STRUETT, LOU
STREET ADDRESS	20725 S. ANNALEE AVE.
CITY-ST-ZIP	CARSON, CA 90746
TITLE	VP
NAME	JENSEN, DANIEL
STREET ADDRESS	20725 S. ANNALEE AVE.
CITY-ST-ZIP	CARSON, CA 90746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000041806
 02/09/04-80103-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 J. Thompson 2/4/04 310-631-8002, x 6558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #