2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000093484

Entity Name: MAGNA DISTRIBUTION LLC

Current Principal Place of Business:

550 S.OCEAN BLVD
1907
BOCA RATON, FL 33432 US

New Principal Place of Business:

2179 N. STATE ROAD 7
MARGATE, FL 33063 US

Current Mailing Address:

PO BOX 1875
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 20-5566069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAFICANTE, MARCOS
550 S.OCEAN BLVD.
1907
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

TRAFICANTE, MARCOS
2179 N. STATE ROAD 7
MARGATE, FL 33063 US

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: TRAFICANTE 04/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TRAFICANTE, MARCOS A
Address: P O BOX 1875
City-St-Zip: BOCA RATON, FL 33429 US

Title: MGRM ( ) Delete
Name: TRAFICANTE, SALVATORE G
Address: P O BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM ( ) Delete
Name: BIANCHI, LILIANA
Address: P O BOX 1875
City-St-Zip: BOCA RATON, FL 33429

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TRAFICANTE MGRM 04/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date