

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064931

FILED
Sep 22, 2008
Secretary of State

Entity Name: MAGUS VISUAL ARTS LLC

Current Principal Place of Business:

520 NW 85TH WAY
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

520 NW 85TH WAY
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALDEZ, ERASTO
17750 NW 67TH AVE
702
HIALEAH, FL 33015 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: VALDEZ, MARCO
Address: 520 NW 85TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

Title: MGR () Delete
Name: VALDEZ, CARLOS
Address: 520 NW 85TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

Title: MGR () Delete
Name: VALDEZ, RICARDO
Address: 520 NW 85TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

Title: MGR () Delete
Name: VALDEZ, MYRIAM
Address: 520 NW 85TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: VALDEZ, MARCO
Address: 520 NW 85TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: VALDEZ, MARCO
Address: 520 NW 85TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

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: MARCO VALDEZ

MGR

09/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date