2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048416

Entity Name: MAGNA OFFICE SYSTEMS, LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8406 NW 17TH STREET 8491 NW 17TH STREET MIAMI, FL 33126 US

113

DORAL, FL 33126

Current Mailing Address: New Mailing Address:

8406 NW 17TH STREET 8491 NW 17TH STREET MIAMI, FL 33126

DORAL, FL 33126 US

FEI Number: 26-2618341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GALAN, PETER GALAN, PETER 8406 NW 17TH STREET

8491 NW 17TH STREET MIAMI, FL 33126 DORAL, FL 33126 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: 04/22/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

GAMPEL, ELÌ Name: Name: 11305 NW 55TH LANE Address: Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition FRANK, DAVID Name: FRANK, DAVID Name:

Address: 8406 NW 17TH STREET Address: 8491 NW 17TH STREET # 113 City-St-Zip: MIAMI, FL 33126 US City-St-Zip: DORAL, FL 33126 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition GALAN, PETER GALAN, PETER Name: Name:

8491 NW 17TH STREET # 113 Address: 8406 NW 17TH STREET Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip: DORAL, FL 33126 US

Title: MGRM () Delete Title: () Change () Addition Name: SMITH, HEATHER Name: Address: 13620 SW 136 TERRACE Address: City-St-Zip: MIAMI, FL 33186 US 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: ELI GAMPEL **MGRM** 04/22/2009