FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L31128

1. Entity Name

MAGIAN, INC.

FILED
05 DEC 21 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/04 60472 014 #145.00

CR2E034B (8/05) 04-05

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18901 N.E. 29th Avenue	18901 N.E. 29th Avenue
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Aventura, Florida	City & State Aventura, Florida
Zip 33180 Country USA	Zip 33180 Country USA

4. FEI Number 65-0163352 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dade County Corporate Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 18901 N.E. 29th Avenue
Suite 100
City: Aventura **FL** Zip Code: 33180

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 _____ 12/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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

TITLE	President
NAME	GLASSMAN, GIANNA
STREET ADDRESS	44 Charles St. W #901
CITY-ST-ZIP	Toronto, Ontario Canada
TITLE	Secretary-Treasurer
NAME	GLASSMAN, MAX
STREET ADDRESS	44 Charles St. W #901
CITY-ST-ZIP	~~Toronto, Ontario Canada~~
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	5H0056243SP65 12/28/05--01009--011 **150.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	BR 12/24 **DO NOT WRITE**
TITLE	**IN THIS SPACE**
NAME	
STREET ADDRESS	
CITY-ST-ZIP	* Reinstatement Fee waived due to
TITLE	clerical error. The 2004 AR did not
NAME	
STREET ADDRESS	
CITY-ST-ZIP	post although it was received
TITLE	timely.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	SR 12/24

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gianna Glassman 12/20/05 305-936-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GIANNA GLASSMAN, President