

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N98000003315 1. Corporation Name

MAGNETIC ENERGY, INC.

Principal Place of Business

Mailing Address

21850 S.W. 103 COURT #209 MIAMI FL 33190

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## **FILED** Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90105 023 \*\*\*\*61.25

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	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 06/05/1998	· · · ·			
21	4 -4-	Suite, Apt. #, etc.	• • • • • • • • • • • • • • • • • • • •		4. FEI Number		Anr	lied For	
Suite, Apt.	#, etc.	27			(20 82 FRC)		- <del> </del>	Applicable	
City & State		City & State			W - C - 4		\$8.75 A		
23	•	28			5. Certifcate of Status Desired		Fee Re		
Zip	Country	Zip Country		6. Election Campaign Financing		\$5.00	Mav Be		
24	25	29 30			Trust Fund Contribution		Added to Fees		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	Registered A	Agent		
			81	Name					
LEVIN, JA	MIE		82	Street Add	ress (P.O. Box Number is Not Accepta	able)			
21850 S.W. 103 COURT #204				000.7.00		. ,			
MIAMI FL			83						
			84	City		FL	85 Zip C	ode	
11 0	A. II	and 647 1509 Florida Statutan	the shore	e-named com	poration submits this statement for the	purpose of o	changing its	registered	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	iorizea dv	the corporati	ion's board of directors. I hereby accep	the appoin	tment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if annivable (NOTE: Re	oistered Age	nt signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	LEVIN, JAMIE		1.2 NAME						
STREET ADDRESS	04050 0 H/ 400 00HDT 4004		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33190		1.4 CITY-S						
TITLE	DS	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	MALCOLM, BONNIE		2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33190		2.4 CITY-5	ST-ZIP	New Art and a second se	٠		تـــــــــــــــــــــــــــــــــــــ	
TITLE	DV	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	BURNETT, MARJORIE		3.2 NAME						
STREET ADDRESS	04050 0 HZ 400 00HDT #004		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33190		3.4. CITY-5	ST- ZIP					
TITLE	DV	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	ECKSTAT, ADAM		4. 2 NAME						
STREET ADDRESS	21850 S.W. 103 COURT #202		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33190		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			B .	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRES\$					
CITY-ST-ZiP			6.4 CITY-S	ST-ZIP					

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: