FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 39711

1. Entity Name
PERSONAE MAGAZINE, INC

FILED
06 JAN 19 PM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900065130463
02/06/06--01010--008 **600.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7757 CRESPI BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State
Zip: 33141 Country: DADE	Zip Country

4. FEI Number: 65-1009476 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MENDONÇA, JOÃO C
Street Address (P.O. Box Number is Not Acceptable): 7757 CRESPI BLVD
City: MIAMI BEACH FL Zip Code: 33141

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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR 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	P.
NAME	MENDONÇA, JOÃO C
STREET ADDRESS	7757 CRESPI BLVD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	V.P.
NAME	MENDONÇA, EURIDICE A
STREET ADDRESS	7757 CRESPI BLVD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MW

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 600.00 for the annual report fee with my application.

Please be advise that we moved to **7757 CRESPI BLVD – MIAMI BEACH , FL 33141** and we did not receive the U.B.R. for 2003,2004,2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **PERSONAE MAGAZINE, INC**

Thank you for your courtesy in this matter.

JOAO C MENDONCA
AGENT REGISTERED