

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-05-2007 90095 041 ***150.00

DOCUMENT # P00000052294

1. Entity Name
MAGNOLIA BEAR, INC.



Principal Place of Business
**120 NE 39TH STREET
MIAMI, FL 33137**

Mailing Address
**167 NE 39 ST
MIAMI, FL 33137**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
118 NE 39 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007

Chg-P

CR2E034 (12/06)

City & State

City & State
Miami - Florida

4. FEI Number
65-1013393

Applied For
Not Applicable

Zip

Country

Zip
33137

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRODSKY, HOWARD
2701 S BAYSHORE DR
STE 602
MIAMI, FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BRODSKY, BARRY
167 NE 39 ST
MIAMI, FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Barry Brodsky
118 NE 39 street
Miami, FL 33137** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BARRY BRODSKY

2-19-07 305-576-9909

Date

Daytime Phone #