


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000014628**  
 1. Entity Name  
**MAGDALANE, INC.**



Principal Place of Business      Mailing Address  
**17130 NW 50 CT**      **17130 NW 50 CT**  
**MIAMI GARDENS, FL 33055**      **MIAMI GARDENS, FL 33055**

**DO NOT WRITE IN THIS SPACE**



01052008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**02-0545899**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANE, LEONORA JEAN**  
**17130 NW 50 CT**  
**MIAMI GARDENS, FL 33055**

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing    **\$5.00 May Be**  
 Trust Fund Contribution.        **Added to Fees**

U00000776179  
 01/09/08 80011 012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, LEONORA JEAN 17130 NW 50 CT MIAMI GARDENS, FL 33055
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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:** *Leonora Jean Lane*      **1-5-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #