## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P02000026465** 04-20-2005 90309 042 \*\*\*150.00 MAGNIFICENT REAL ESTATE GROUP, INC. Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD #502 2450 HOLLYWOOD BLVD #502 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address 1572 NE 151 Terrace 1572 NE 151 Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. 04172005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State North Miami Beach, FL 13-4224231 Not Applicable North Miami Beach, FL Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П 3.31.62 U.S.A. 33162 U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Linder, Laurence J. LINDER, LAURENCE J Street Address (P.O. Box Number is Not Acceptable) 2450 HOLLYWOOD BLVD #502 1572 NE 151 Terrace HOLLYWOOD, FL 33020 North Miami Beach 3162 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 Laurence J. Linder Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **KX**Change Addition TITLE X Delete TITLE Linder, Laurence J 1572 NE 151 Terrace North Miami Beach, FL LINDER, LAURENCE J NAME NAME 2450 HOLLYWOOD BLVD #502 STREET ADDRESS STREET ADDRESS 33162 CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-7IP ☐ Change Addition Detete TITI F ТПТ Е NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if

Laurence J. Linder

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**