2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
02-09-2005 90059 037 ***150.00

66005357

1st MOORE CR2E034 (10/04)

DOCUMENT # P02000072048

1. Entity Name
MEGAZINES PUBLICATIONS CORP.

Principal Place of Business	Mailing Address
6920 NW 45 STREET MIAMI FL 33166	6920 NW 45 STREET MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
6920 NW 46 STREET	6920 NW 46 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number 01-0732349 ☐ Applied For ☐ Not Applicable

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
BRIGNONE, HECTOR 936 PHOENIX WAY WESTON FL 33327	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ACOSTA, REINALDO 1241 CAMELLIA CIRCLE WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SROKA, ROBERTO 7748 NW 107TH PLACE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7048 NW 107TH Place MIAMI FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEFANUTTI, EMIL 5431 NW 112 COURT MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7738 NW 113th PATH MIAMI, FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLOREZ, JAIME 4429 NW 97TH PL. MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRIGNONE, HECTOR 4429 NW 97TH PLACE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	936 PHOENIX WAY WESTON, FL 33327	☑ 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reinaldo Acosta 3/9/05 305-5133353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #