

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90135 011 \*\*\*150.00

<b>DOCUMENT # P02000081733</b> 1. Entity Name <b>MAGNUM TEKNOLOGIES CORP.</b>			
Principal Place of Business <b>12310 SW 133 COURT MIAMI, FL 33186</b>		Mailing Address <b>12310 SW 133 COURT MIAMI, FL 33186</b>	
2. Principal Place of Business <b>13601 SW 143<sup>rd</sup></b> Suite, Apt. #, etc. <b>Unit 1</b>		3. Mailing Address <b>13601 SW 143<sup>rd</sup></b> Suite, Apt. #, etc. <b>Unit 1</b>	
City & State <b>Miami, Florida</b> Zip <b>33186</b>		City & State <b>Miami, FL</b> Zip <b>33186</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>76-0702323</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOMBINO, ANTONIO 12310 SW 133 COURT MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>Bombino, Antonio</b> Street Address (P.O. Box Number is Not Acceptable) <b>13601 SW 143<sup>rd</sup> Unit 1</b> City <b>miami</b>	
State <b>FL</b>		Zip Code <b>33186</b>	
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>BOMBINO, ANTONIO</b> STREET ADDRESS <b>12310 SW 133 COURT</b> CITY-ST-ZIP <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>FERNANDEZ, LEDUAN</b> STREET ADDRESS <b>21550 SW 184 PL.</b> CITY-ST-ZIP <b>MIAMI, FL 33187</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	