

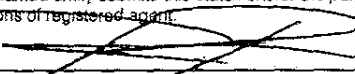



FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000088504				Secretary of State	
1. Entity Name MAGENTA INVESTMENTS INC					
Principal Place of Business 373 LINWOOD DRIVE MIAMI SPRINGS, FL 33166			Mailing Address 373 LINWOOD DRIVE MIAMI SPRINGS, FL 33166		
2. Principal Place of Business		3. Mailing Address		 03112004 Chg-P CR2E034 (10/03) 4. FEI Number 06-1644108 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
6. Name and Address of Current Registered Agent RODRIGUEZ, RONNARD 373 LINWOOD DRIVE MIAMI SPRINGS, FL 33166			7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME RODRIGUEZ, RONNARD STREET ADDRESS 373 LINWOOD DRIVE CITY - ST - ZIP MIAMI SPRINGS, FL 33166			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME U000000139169 STREET ADDRESS 04/29/04-80111-011 150.00 CITY - ST - ZIP		
TITLE V <input type="checkbox"/> Delete NAME RAMIREZ, ORLANDO STREET ADDRESS 373 LINWOOD DRIVE CITY - ST - ZIP MIAMI SPRINGS, FL 33166			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			402604 786-496-6548 Date Daytime Phone #		