

FILED
Jul 02, 2003 8:00 am
Secretary of State

05-05-2003 91902 013 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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55050377

DOCUMENT # P02000088504					
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		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1644108	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, RONNOLD 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 _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	RODRIGUEZ, RONNOLD				
STREET ADDRESS	373 LINWOOD DRIVE				
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166				
TITLE	V	☐ Delete			
NAME	RAMIREZ, ORLANDO				
STREET ADDRESS	373 LINWOOD DRIVE				
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
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)(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 empowerments.					
SIGNATURE: _____ 4/30/03					
Date					

CR2E034 (10/02)