06-17-2005 90002 020 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUN 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000020705

1. Entity Name
EDITORIAL MAGAZINE CORP.
MAGAZZINE

Principal Place of Business	Mailing Address
6521 NW 70 AVE ~~FORT LAUDERDALE~~, FL 33321 TAMARAC FL 33321	6521 NW 70 AVE ~~FORT LAUDERDALE~~, FL 33321 TAMARAC FL 33321

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 65-1175407 ☐ 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
AGUILAR, RUBEN E 6521 NW 70 AVE ~~FORT LAUDERDALE~~, FL 33321 TAMARAC	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 [signature] PRESIDENT 06/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D AGUILAR, RUBEN E 6521 NW 70TH AVE ~~FORT LAUDERDALE~~, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILAR, CRISTIAN G 6521 NW 70 AVE ~~FORT LAUDERDALE~~, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TAMARAC, FL 33321
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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: [signature] PRESIDENT 06/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #