


2006 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P03000020705		
1. Entity Name EDITORIAL MAGAZINE CORP.		

FILED

2006 NOV -6 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6521 NW 70 AVE TAMARAC, FL 33321	Mailing Address 6521 NW 70 AVE TAMARAC, FL 33321
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11012006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1175407		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUILAR, RUBEN E 6521 NW 70 AVE TAMARAC, FL 33321		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 _____
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 January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081550834 11/06/06--01034--011 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AGUILAR, CRISTIAN G 6521 NW 70 AVE TAMARAC, FL 33321 <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
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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 exemptions contained in Chapter 119, 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: Luca P.A. Nov 1, 2006 (305) 899.5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Editorial Magazine Corp.

7825 Fairview Dr. # Suite 208
Tamarac, FL 33321
Tel 786 357 2805

Tamarac, 15 october 2006.

Att. Division of Corporations.

To whom it may concern:

By the present I declare that I never have received the notice of payment of the Annual Report Sent by the Department of Revenue.



Ruben Aguilar.
Presidente.