

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044692

FILED
Jan 29, 2004
Secretary of State

Entity Name: MAGOLNICK CONSULTING CORP

Current Principal Place of Business:

5051 WILES ROAD, #208
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

5309 NW 57 WAY
CORAL SPRINGS, FL 33067 US

Current Mailing Address:

5051 WILES ROAD, #208
COCONUT CREEK, FL 33073 US

New Mailing Address:

5309 NW 57 WAY
CORAL SPRINGS, FL 33067 US

FEI Number: 20-0003928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAGOLNICK, MICHAEL H
5051 WILES ROAD, #208
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

MAGOLNICK, MICHAEL H
5309 NW 57 WAY
CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: MICHAEL MAGOLNICK

01/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGOLNICK, MICHAEL H
Address: 5051 WILES ROAD, #208
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: S () Delete
Name: MAGOLNICK, MICHAEL H
Address: 5051 WILES ROAD, #208
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VP (X) Delete
Name: SOBLITNE, SABRINA E
Address: 5051 WILES ROAD, #208
City-St-Zip: COCONUT CREEK, FL 33073 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAGOLNICK, MICHAEL H
Address: 5309 NW 57 WAY
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: S (X) Change () Addition
Name: MAGOLNICK, MICHAEL H
Address: 5309 NW 57 WAY
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MAGOLNICK

P

01/29/2004

Electronic Signature of Signing Officer or Director

Date