
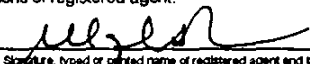



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 15 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000047107			
1. Entity Name MAGNUM MARKETING COMMUNICATIONS CORP.			
Principal Place of Business 2655 LE JEUNE ROAD SUITE 1107 CORAL GABLES, FL 33134		Mailing Address 2655 LE JEUNE ROAD SUITE 1107 CORAL GABLES, FL 33134	
2. Principal Place of Business 1643 Brickell Av. #1004		3. Mailing Address 1643 Brickell Av. #1004	
Suite, Apt. #, etc. # 1004		Suite, Apt. #, etc. # 1004	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33129		Country USA	
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		08092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent MIR, HECTOR J 2655 LE JEUNE ROAD SUITE 1107 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name MARIANGEL GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 1643 Brickell Av. #1004 City MIAMI FL Zip Code 33129	
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 Aug 06, 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000078994530 08/22/06--01032--004 **70.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIR, HECTOR J 2655 LE JEUNE ROAD SUITE 1107 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISTINA PIER ONE ALHAMBRA PLAZA SUITE 1150 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIANGEL 1643 BRICKELL AVE. APT. 1004 MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIANGEL 1643 BRICKELL AV. #1004 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MAGALLY ONE ALHAMBRA PLAE, SUITE 1150 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MAGALLY ONE ALHAMBRA PLAZA SUITE 1150 CORAL GABLES, FL 33134 <input checked="" 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
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
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: 		Date Aug 06, 06 746-271-9664	