

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 26, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90209 018 \*\*\*150.00

**DOCUMENT # P04000077809**

1. Entity Name  
**MAGNOPHARMA USA, INC.**



Principal Place of Business  
**7745 SW 86 ST APT D-121  
MIAMI, FL 33143**

Mailing Address  
**7745 SW 86 ST APT D-121  
MIAMI, FL 33143**

**66019305**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03092005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1560217**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**VILLALBA, MYRIAM  
7745 SW 86 ST APT D-121  
MIAMI, FL 33143**

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 re-registering)

- 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 PS ☐ Delete  
NAME INSIGNARES-CARRIONI, EDUARDO  
STREET ADDRESS DIAGONAL 127 A #2988 CONSULTOROI 410  
CITY-ST-ZIP BOGOTA, COLOMBIA,

TITLE ☐ Change ☐ Addition

TITLE T ☒ Delete  
NAME FALL ELEYA, MOHAMMED  
STREET ADDRESS JEDEL ALF GARDENS BLOCK 16 ATP F-15  
CITY-ST-ZIP DUBAI UNITED ARAB EMIRATES,

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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]*

04/27/05

(305)206-1578