

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90034 023 ***150.00

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| DOCUMENT # P05000034490 1. Entity Name MAGYARKEM CORPORATION | | | |
| Principal Place of Business 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131 | | Mailing Address 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131 | |
| 2. Principal Place of Business 8340 Harding Ave Suite, Apt. #, etc. FV05 | | 3. Mailing Address Suite, Apt. #, etc. Same | |
| City & State MIAMI BEACH FL | | City & State MIAMI BEACH FL | |
| Zip 33141 | | Country U.S. | |
| 4. FEI Number 59-3800206 | | 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 BOSETTI, SERGIO 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131 | | 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 ERASO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP SZUCS, DANIEL 169 E. FLAGLER STREET MIAMI, FL 33131 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BOSETTI, SERGIO 169 E. FLAGLER STREET MIAMI, FL 33131 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: ERASO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 01/17/06 <small>Date</small> | |