

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023850

Entity Name: MAGNUM HUNGARY INC.

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

2367 E. ATLANTIC BLVD., #292  
POMPANO BCH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

2367 E. ATLANTIC BLVD., #292  
POMPANO BCH, FL 33062

**New Mailing Address:**

FEI Number: 22-3954479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOVAK, ATTILA  
5555 N. OCEAN BLVD.  
81  
LAUDERDALE BY THE SEA, FL 33308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KERTESZ, ATTILA S  
Address: 2367 E. ATLANTIC BLVD., #292  
City-St-Zip: POMPANO BCH, FL 33062

Title: VD ( ) Delete  
Name: KISS, SZABOLCS B  
Address: 2367 E. ATLANTIC BLVD., #292  
City-St-Zip: POMPANO BCH, FL 33062

Title: ST (X) Delete  
Name: NOVAK, ATTILA  
Address: 2367 E. ATLANTIC BLVD., #292  
City-St-Zip: POMPANO BCH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KERTESZ ATTILA

PD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date