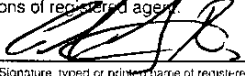


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P07000047108</b> 1. Entity Name <b>MAGNATIC, INC.</b>						<b>FILED</b> <b>08 JUL 18 AM 11:12</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>20547 OLD CUTLER ROAD #224 CUTLER BAY, FL 33189</b>				Mailing Address <b>20547 OLD CUTLER ROAD #224 CUTLER BAY, FL 33189</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>61-1529708</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ARAGON, JOSE D 20547 OLD CUTLER ROAD #224 CUTLER BAY, FL 33189</b>				Name <b>Jaime E. Samayoa</b> Street Address (P.O. Box Number is Not Acceptable) <b>20547 Old Cutler Road #224</b> City <b>Cutler Bay</b> <b>FL</b> <b>33189</b>			
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 				<b>Jaime E. Samayoa</b>		<b>7-17-2008</b>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution: <input checked="" type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>000133396500</b> <b>07/24/08--01032--011 **75.00</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARAGON, FLORENCE M 20547 OLD CUTLER ROAD #224 CUTLER BAY, FL 33189</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARGARITA SAMAYOA 20547 Old Cutler Road, #224 Cutler Bay, FL 33189</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ARAGON, JOSE D 20547 OLD CUTLER ROAD #224 CUTLER BAY, FL 33189</b> <input checked="" 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		
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.							
<b>SIGNATURE:</b> 				<b>7-17-2008</b>		<b>305.253.6408</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	