2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000077953

Entity Name: MAGI SERVICES, INC.

Current Principal Place of Business:

7435 WOODMONT TERRACE
203
TAMARAC, FL 33321

New Principal Place of Business:

14320 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330

Current Mailing Address:

7435 WOODMONT TERRACE
203
TAMARAC, FL 33321

New Mailing Address:

14320 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330

FEI Number: 26-0516339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTESDEOCA, DIEGO
4987 N UNIVERSITY DRIVE
29
LAUDERHILL, FL 33351 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: DIEGO MONTESDEOCA
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVAREZ, ADRIANA
Address: 7435 WOODMONT TERRACE # 203
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete
Name: VELASQUEZ, MAURICIO
Address: 7435 WOODMONT TERRACE # 203
City-St-Zip: TAMARAC, FL 33321

Title: ST ( ) Delete
Name: VELASQUEZ, MAURICIO
Address: 7435 WOODMONT TERRACE # 203
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALVAREZ, ADRIANA
Address: 14320 MUSTANG TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: VP (X) Change ( ) Addition
Name: VELASQUEZ, MAURICIO
Address: 14320 MUSTANG TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: ST (X) Change ( ) Addition
Name: VELASQUEZ, MAURICIO
Address: 14320 MUSTANG TRAIL
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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: ADRIANA ALVAREZ D 04/29/2009
Electronic Signature of Signing Officer or Director — Date