

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024293

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: MAGNOX FINANCIAL AND IMMIGRATION SERVICES INC

## Current Principal Place of Business:

971 CASCADES PARK TRAIL  
DELAND, FL 32720

## New Principal Place of Business:

5088 US HWY 17 NORTH  
DE LEON SPRINGS, FL 32130

## Current Mailing Address:

971 CASCADES PARK TRAIL  
DELAND, FL 32720

## New Mailing Address:

PO BOX 1753  
BUNNELL, FL 32110

FEI Number: 90-0354567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUEVARA, LETICIA  
971 CASCADES PARK TRAIL  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

COLOMA, KAROL  
971 CASCADES PARK TRAIL  
DELAND, FL 32720 US

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: KAROL COLOMA

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GUEVARA, LETICIA  
Address: PO BOX 1753  
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAGNOX FINANCIAL & IMMIGRATION  
Address: PO BOX 1753  
City-St-Zip: BUNNELL, FL 32110

Title: S ( ) Change (X) Addition  
Name: COLOMA, KAROL  
Address: 971 CASCADES PARK TRAIL  
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Change (X) Addition  
Name: LETICIA, GUEVARA  
Address: PO BOX 1753  
City-St-Zip: BUNNELL, FL 32110

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: KAROL COLOMA

S

01/09/2009

Electronic Signature of Signing Officer or Director

Date