2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000037097

1. Entity Name
GENERAL MAGNETIC POWER CORP.

Principal Place of Business	Mailing Address
4631 NW 31ST AVENUE FT LAUDERDALE, FL 33309 US	4631 NW 31ST AVENUE FT LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE

02262008   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0417526

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. **Name and Address of Current Registered Agent**

SALAZAR, JAIRO A
8060 NW 96TH TERR
APT 103
TAMARAC, FL 33321

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IN THIS SPACE

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000845102
03/13/08-80026-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	VDST
NAME	SALAZAR, MARIA ROSARIO
STREET ADDRESS	4631 NW 31ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	PDT
NAME	SALAZARM LUIS JAIRO
STREET ADDRESS	4631 NW 31ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: Rocio Salazar VDST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08   954-739-5018
Date   Daytime Phone #