## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038174

Entity Name: MAGULLA, INC.

FILED Apr 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3340 NE 190TH ST

#106

AVENTURA, FL 33180 US

Current Mailing Address: New Mailing Address:

6573 WOODBRIAR LANE 3340 NE 190TH ST

GREENVILLE, OH 45331 US #106 AVENTURA, FL 33180 US

FEI Number: 65-0837736 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GULLIA, EMIL GULLIA MD, EMIL 3340 NE 190TH ST 3340 NE 190TH ST

#106 #106

ÄVENTURA, FL 33180 US ÄVENTURA, FL 33180 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: EMIL M GULLIA MD 04/13/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 GULLIA, EMIL M MD
 Name:
 GULLIA, EMIL M MD

 Address:
 6573 WOODBRIAR LANE
 Address:
 3340 NE 190TH STREET

 City-St-Zip:
 GREENVILLE, OH 45331
 City-St-Zip:
 MIAMI, FL 33180

Title: VP/T () Delete Title: VP/T (X) Change () Addition

 Name:
 GULLIA, FRANCES E
 Name:
 GULLIA, FRANCES E

 Address:
 6573 WOODBRIAR LANE
 Address:
 3340 NE 190TH STREET

 City-St-Zip:
 GREENVILLE, OH 45331
 City-St-Zip:
 MIAMI, FL 33180

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: EMIL M GULLIA MD PRES 04/13/2008