

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000038174

Entity Name: MAGULLA, INC.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

86055 COURTNEY ISLES WAY  
#8104  
YULEE, FL 32097 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

86055 COURTNEY ISLES WAY  
#8104  
YULEE, FL 32097 US

## **New Mailing Address:**

FEI Number: 65-0837736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

GULLIA MD, EMIL  
86055 COURTNEY  
#8104  
YULEE, FL 32097 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GULLIA, EMIL M MD  
Address: 86055 COURTNEY ISLES WAY APT. 8104  
City-St-Zip: YULEE, FL 32097

Title: VP/T  
Name: GULLIA, FRANCES E  
Address: 86055 COURTNEY ISLES WAY APT. 8104  
City-St-Zip: YULEE, FL 32097

I hereby 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 all other like empowered.

SIGNATURE: EMIL GULLIA MD

PRES

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date