

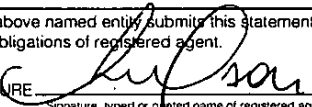
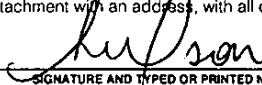


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90281 034 \*\*\*158.75

<b>DOCUMENT # P98000095814</b> 1. Entity Name <b>MAGNA'S INTERNATIONAL, INC.</b>					
Principal Place of Business <b>2601 FILLMORE SR HOLLYWOOD, FL 33020</b>			Mailing Address <b>2601 FILLMORE SR HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business <b>2610 FILLMORE ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>2610 FILLMORE ST</b> Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">40069217</div> 	
City & State <b>HOLLYWOOD, FL</b> Zip <b>33020</b>		City & State <b>HOLLYWOOD, FL</b> Zip <b>33020</b>		4. FEI Number <b>65-0875586</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NELSON, LHANA M 2601 FILLMORE ST HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name <b>NELSON, LHANA M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2610 FILLMORE ST</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33020</b>	
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  DATE <b>4/20/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTE NELSON, LHANA M 2601 FILLMORE ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTE NELSON, LHANA M. 2610 FILLMORE ST. HOLLYWOOD, FL, 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTE NELSON, LHANA M. 2610 FILLMORE ST. HOLLYWOOD, FL, 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTE NELSON, LHANA M. 2610 FILLMORE ST. HOLLYWOOD, FL, 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTE NELSON, LHANA M. 2610 FILLMORE ST. HOLLYWOOD, FL, 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date <b>4/20/05</b> Daytime Phone # <b>(305) 244 4252</b>		