

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000050269	
1. Entity Name MAGAZINE CONSULTANTS, INC.	



Principal Place of Business 681 N.E. BROADVIEW DR. BOCA RATON, FL 33431	Mailing Address 681 N.E. BROADVIEW DR. BOCA RATON, FL 33431
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03012003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0929112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBINSON, PAUL ESQ.
1590 N.E. 162 STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE
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]* **DEAD Just Deceased recently** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HOFFMAN, NEIL 681 N.E. BROADVIEW DR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HOFFMAN, ROBIN 681 N.E. BROADVIEW DR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000162345
06/09/04-80002-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* 5/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #