2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State
07-19-2005 90036 022 ***550.00

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DOCUMENT # S07634

1. Entity Name
MAGUS CHARTERS, INC.

Principal Place of Business	Mailing Address
% STARR & COMPANY 350 PARK AVENUE NEW YORK, NY 10022	% STARR & COMPANY 350 PARK AVENUE NEW YORK, NY 10022

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
C/o Starr&Co 850 Third Ave		C/o Starr+Co, 850 Third Ave	
Suite, Apt. #, etc.: 15th Floor		Suite, Apt. #, etc.: 15th Floor	
City & State: New York, NY		City & State: New York, NY	
Zip: 10022	Country: USA	Zip: 10022	Country: USA

4. FEI Number: 65-0230806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	PSD CALLEY, JOHN N % SPE, 10202 W. WASHINGTON BLVD. LEAN BLDG CULVER CITY, CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CALLEY, JOHN N. C/o Starr+Company. 850 Third Ave New York, NY 10022	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 7/1/05 212-759-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #