

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14343

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: MAG MANUFACTURING & TRADING COMPANY, INC.

**Current Principal Place of Business:**

3100 N. W. BOCA RATON BOULEVARD  
#406  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

19889 VILLA MEDICI PLACE  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 65-0227478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GICHI, FAWAZ  
19889 VILLA MEDICI PLACE  
BOCA RATON, FL 33434 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: DV ( ) Delete  
Name: GICHI, MOHAMMAD A.,  
Address: 5596 GOLDEN EAGLE CR.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DP ( ) Delete  
Name: GICHI, FAWAZ  
Address: 19889 VILLA MEDICI PLACE  
City-St-Zip: BOCA RATON, FL 33434

Title: V ( ) Delete  
Name: GICHI, FOUAD  
Address: 19889 VILLA MEDICI PLACE  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FAWAZ GICHI

DP

04/23/2008

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

\_\_\_\_\_  
Date