

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # S26280</b> 1. Entity Name <b>MAGNUM OVERSEAS INVESTMENTS, INC.</b>						<b>FILED</b> <b>04 FEB 16 PM 4:39</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>BROAD &amp; CASSEL STE 300</b> <b>7777 GLADES ROAD</b> <b>BOCA RATON, FL 33434</b>				Mailing Address <b>BROAD &amp; CASSEL STE 300</b> <b>7777 GLADES ROAD</b> <b>BOCA RATON, FL 33434</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>DEUTCH, JEFFREY A. E</b> <b>7777 GLADES RD.</b> <b>SUITE 300</b> <b>BOCA RATON, FL 33434</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>POMERANTZ, ALICE</b> <input type="checkbox"/> Delete <b>8600 DECARIE BLVD, SUITE 200</b> <b>TOWN OF MOUNT ROYAL, QC</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">             000028960580              02/18/04--01005--001 **5000.00           </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD <b>GATTINGER, FRANKLIN J</b> <input type="checkbox"/> Delete <b>8600 DECARIE BLVD., SUITE 200</b> <b>TOWN OF MOUNT ROYAL, QC</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TV</b> <b>GATTINGER, FRANKLIN J.</b> <b>8600 DECARIE BLVD, SUITE 200</b> <b>MOUNT ROYAL, QC. CANADA</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <b>ESPOSITO, RAPHAEL JR</b> <input type="checkbox"/> Delete <b>8600 DECARIE #200</b> <b>MT ROYAL, QC, CANADA,</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AS</b> <b>ESPOSITO, RAPHAEL JR</b> <b>8600 DECARIE BLVD, SUITE 200</b> <b>MOUNT ROYAL, QC. CANADA</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>POMERANTZ, TERRY</b> <input type="checkbox"/> Delete <b>8600 DECARIE #200</b> <b>MT ROYAL, QC, CANADA,</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CEOSD</b> <b>POMERANTZ, TERRY</b> <b>8600 DECARIE BLVD, SUITE 200</b> <b>MOUNT ROYAL, QC, CANADA</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>POMERANTZ, TERRY</b> <input type="checkbox"/> Delete <b>8600 DECARIE #200</b> <b>MT ROYAL, QC, CANADA,</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.							
<b>SIGNATURE:</b> <b>R. Esposito</b>				<b>04.01.29</b> <b>514-241-8600</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			