

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000137040

**Entity Name:** MAGNOR LEISURE PRODUCTS, INC.

**Current Principal Place of Business:**

C/O 7400 50TH TERRACE  
SUITE 304  
MIAMI, FL 33155

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**5484174724CC**

**Current Mailing Address:**

C/O 7400 50TH TERRACE  
SUITE 304  
MIAMI, FL 33155 US

**FEI Number:** 20-2405830

**Certificate of Status Desired:** No

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

PASTROFF, BARJA, KELLY & CO.  
7400 SW 50TH TERRACE  
SUITE 305  
MIAMI, FL 33155 US

*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

**Officer/Director Detail :**

Title P  
Name NICHOLAS, STEPHEN B  
Address C/O 7400 50TH TERRACE, SUITE 304  
City-State-Zip: MIAMI FL 33155

Title VP  
Name NICHOLAS, STEPHEN B  
Address C/O 7400 50TH TERRACE, SUITE 304  
City-State-Zip: MIAMI FL 33155

Title T  
Name NICHOLAS, STEPHEN B  
Address C/O 7400 50TH TERRACE, SUITE 304  
City-State-Zip: MIAMI FL 33155

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEPHEN NICHOLAS

**PRESIDENT**

**06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date