


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90036 022 \*\*\*550.00

<b>DOCUMENT # S07634</b> 1. Entity Name <b>MAGUS CHARTERS, INC.</b>			
Principal Place of Business <b>% STARR &amp; COMPANY</b> <b>350 PARK AVENUE</b> <b>NEW YORK, NY 10022</b>		Mailing Address <b>% STARR &amp; COMPANY</b> <b>350 PARK AVENUE</b> <b>NEW YORK, NY 10022</b>	
2. Principal Place of Business <b>C/O Starr &amp; Co, 850 Third Ave</b> Suite, Apt. #, etc. <b>15th Floor</b> City & State <b>New York, NY</b> Zip <b>10022</b>		3. Mailing Address <b>C/O Starr &amp; Co, 850 Third Ave</b> Suite, Apt. #, etc. <b>15th Floor</b> City & State <b>New York, NY</b> Zip <b>10022</b>	
4. FEI Number <b>65-0230806</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAASS, ROBB R</b> <b>321 ROYAL POINCIANA PLAZA</b> <b>PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CALLEY, JOHN N. C/O STARR & COMPANY, 850 Third Ave New York, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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
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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>7/1/05</b> Daytime Phone <b>212-89-6826</b>	

**50055979**



06302005 Chg-P CR2E034 (10/03)