
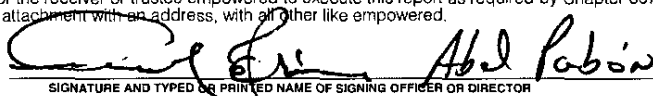


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90007 019 ***158.75

DOCUMENT # F02000002906					
1. Entity Name MAGIC TRANSPORT, INC.					
Principal Place of Business PR #2 KM 19-5 INT. BO CANDELARIA TOA BAJA, PR 00949			Mailing Address P.O. BOX 360729 SAN JUAN, PR 00936-0729		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 66-0408035	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENHALIM, IRENE 8821-31 NW 102 ST. MEDLEY, FL 33178			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADIAL, CARLOS	NAME			
STREET ADDRESS	333 CENTER AVE., UNIT C	STREET ADDRESS			
CITY-ST-ZIP	LINDEN, NJ 07036	CITY-ST-ZIP			
TITLE	VCT <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PABON, ABEL	NAME	Pabon, Abel		
STREET ADDRESS	P.O. BOX 360729	STREET ADDRESS	PR2, KM 19.5 Int. Bo. Candelaria		
CITY-ST-ZIP	SAN JUAN, PR 009360729	CITY-ST-ZIP	Toa Baja, PR 00949		
TITLE	DVS <input type="checkbox"/> Delete	TITLE	V/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PABON, ANTONIO	NAME	Pabon, Antonio		
STREET ADDRESS	P.O. BOC 360729	STREET ADDRESS	PR2, KM 19.5, Int. Bo. Candelaria		
CITY-ST-ZIP	SAN JUAN, PR 009360729	CITY-ST-ZIP	Toa Baja, PR 00949		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Abel Pabon		Sept. 3, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

44084983



08312004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL