

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002906

Entity Name: MAGIC TRANSPORT, INC.

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

PR #2 KM 19-5 INT. BO CANDELARIA  
TOA BAJA, PR 00949

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 360729  
SAN JUAN, PR 009360729

**New Mailing Address:**

FEI Number: 66-0408035      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BENHALIM, IRENE  
8821-31 NW 102 ST.  
MEDLEY, FL 33178      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: CP ( ) Delete  
Name: PADIAL, CARLOS  
Address: 333 CENTER AVE., UNIT C  
City-St-Zip: LINDEN, NJ 07036

Title: VCT ( ) Delete  
Name: PABON, ABEL  
Address: PR2, KM 19.5 INT BO CANDELARIA  
City-St-Zip: TOA BAJA, PR 00949

Title: VDS ( ) Delete  
Name: PABON, ANTONIO  
Address: PR2, KM 19.5 INT BO CANDELARIA  
City-St-Zip: TOA BAJA, PR 00949

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

Title: CP (X) Change ( ) Addition  
Name: PADIAL, CARLOS  
Address: 1420 VANTAGE WAY NO. 102  
City-St-Zip: JACKSONVILLE, FL 32218

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 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: ANTONIO PABON

VP

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date