

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002906

Entity Name: MAGIC TRANSPORT, INC.

FILED
Sep 12, 2007
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: VDS (X) 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

_____ Electronic Signature of Signing Officer or Director

VDS

09/12/2007

_____ Date