


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000053423**  
 1. Entity Name  
**MICKIE'S MAGIC CLEANING, INC.**



Principal Place of Business  
**1231 LANCELOT WAY  
 CASSELBERRY, FL 32707**

Mailing Address  
**1231 LANCELOT WAY  
 CASSELBERRY, FL 32707**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3675354** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOYA, MARITZA  
 1231 LANCELOT WAY  
 CASSELBERRY, FL 32707**

**DO NOT WRITE IN THIS SPACE**

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 retreating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

UN00000418551  
 02/14/06-80010-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOYA, MARITZA 1231 LANCELOT WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOYA, MAX 1231 LANCELOT WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOYA, MICHAEL M 1231 LANCELOT WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, SABRINA 605 CASA PARK CT. E WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: M Moya **1-30-06** **407-699-7430**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #