

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076042

Entity Name: MAGIK DOMINICANA, S.A., INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

14025 SW 142 AVE., STE. 11  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

8901 SW 142 AVE. #6-16  
MIAMI, FL 33186

## New Mailing Address:

9878 HAMMOCKS BLVD #101  
MIAMI, FL 33196

FEI Number: 51-0808130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESTEVEZ DIAZ, PEDRO LUIS  
8901 SW 142 AVE. #6-16  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

ESTEVEZ DIAZ, PEDRO LUIS  
9878 HAMMOCKS BLVD #101  
MIAMI, FL 33196 US

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: PEDRO ESTEVEZ

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: ESTEVEZ DIAZ, PEDRO LUIS  
Address: 8901 SW 142 AVE. #6-16  
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete  
Name: DE ESTEVEZ, ARLEENE P  
Address: 8901 SW 142 AVE., #6-16  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: ESTEVEZ DIAZ, PEDRO LUIS  
Address: 9878 HAMMOCKS BLVD #101  
City-St-Zip: MIAMI, FL 33196

Title: V (X) Change ( ) Addition  
Name: DE ESTEVEZ, ARLEENE P  
Address: 9878 HAMMOCKS BLVD #101  
City-St-Zip: MIAMI, FL 33196

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: PEDRO ESTEVEZ

PT

04/30/2007

Electronic Signature of Signing Officer or Director

Date