

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000050692

Entity Name: IMAGICLE INC.**Current Principal Place of Business:**C/O CINOTTI LLP,
66 WEST FLAGLER STREET, SUITE 1002
MIAMI, FL 33130**Current Mailing Address:**C/O CINOTTI LLP,
66 WEST FLAGLER STREET, SUITE 1002
MIAMI, FL 33130 US**FEI Number:** 82-1962776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CINOTTI LLP
66 WEST FLAGLER STREET
SUITE 1002
MIAMI, FL 33130 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P,T
Name	BONGIOVANNI, CHRISTIAN
Address	VIA TICINO, 51
City-State-Zip:	CUGGIONO (MI) 20012

Title	VP,S
Name	DI PUCCIO, MASSIMO
Address	VIA VESPUCCI, 163
City-State-Zip:	VIAREGGIO (LU) 55049

Title	D
Name	BONGIOVANNI, CHRISTIAN
Address	VIA TICINO, 51
City-State-Zip:	CUGGIONO (MI) IT 20012

Title	D
Name	DI PUCCIO, MASSIMO
Address	VIA VESPUCCI, 163
City-State-Zip:	VIAREGGIO (LU) IT 55049

Title	VP
Name	MANI, FABRIZIO
Address	201 SE 2ND AVENUE SUITE 2505
City-State-Zip:	MIAMI FL 33131

I hereby 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 all other like empowered.

SIGNATURE: CHRISTIAN BONGIOVANNI**OFFICER****03/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date