

**2020 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            PRESIDENT, TREASURER, DIRECTOR  
Name            BONGIOVANNI, CHRISTIAN  
Address        C/O CINOTTI LLP,  
                  66 WEST FLAGLER STREET, SUITE  
                  1002  
City-State-Zip: MIAMI FL 33130

Title            VP, SECRETARY, DIRECTOR  
Name            DI PUCCIO, MASSIMO  
Address        C/O CINOTTI LLP,  
                  66 WEST FLAGLER STREET, SUITE  
                  1002  
City-State-Zip: MIAMI FL 33130

*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**

**04/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date