

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90002 019 ***150.00

DOCUMENT # 254363

1. Entity Name
MAGIC SLIPPER CO., INC.



Principal Place of Business
**2301 NORTH MIAMI AVE
MIAMI, FL 33127**

Mailing Address
**2301 NORTH MIAMI AVE
MIAMI, FL 33127**

DO NOT WRITE IN THIS SPACE



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0947041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARIO CHYZYK
2301 N MIAMI AVE
MIAMI, FL**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PT
CHYZYK, MARIO
3426 PRAIRIE AVENUE
MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
CHYZYK, POLA
3426 PRAIRIE AVENUE
MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*replacement of lost check
2nd #11652 6/10/04*

pd 3/24/04 #11612



MAGIC SILVER CO., INC.

Attachment

574057774

2301 N. MIAMI AVENUE - MIAMI, FLORIDA 33127
PHONE (305) 573-8388

June 10, 2004

Florida Department of State
Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

RE: Document #254363
FEI# 59-0947041

Dear Sirs,

Enclosed please find our 2004 Annual Report, with a new check #11652 for \$150.00.

Following is an explanation why this is being sent at this late date.

We had previously filed and sent in the report with our check #11612 for \$150.00 on 3/24/04; as of today our check has not cleared the bank, I decided to e-mail your office to find out if the report and check has been received.

I received an answer from your office that they have not received anything from us. I called our bank and asked them to check into this, and seems that this check is lost, I made a stop payment on this check with the bank, and I am replacing it with this new check.

In all this years that our company has been in business, this has never happened to us, I will appreciate your consideration in this matter.

Sincerely,

Pola Chzyk,
Secretary