


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # G82148 1. Entity Name PARTY MAGIC, INC.	
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Principal Place of Business 7615 S.W. 62ND AVENUE SOUTH MIAMI, FL 33143	Mailing Address 7615 S.W. 62ND AVENUE SOUTH MIAMI, FL 33143
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04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2351451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLORIDA REGISTERED AGENTS, INC. ONE CENTRUST FINANCIAL CENTER, SUITE 3600 100 SE 2ND STREET MIAMI, FL 33131

**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 \$550.00**

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

**U00000145031
05/03/04-800008-011 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINDY, JUDITH Y. 7615 SW 62 AVE S. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GINDY, BENJAMIN L. 7615 SW 62 AVE S. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Judith Gindy, Pres.* **4/27/04** **305-666-3470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #