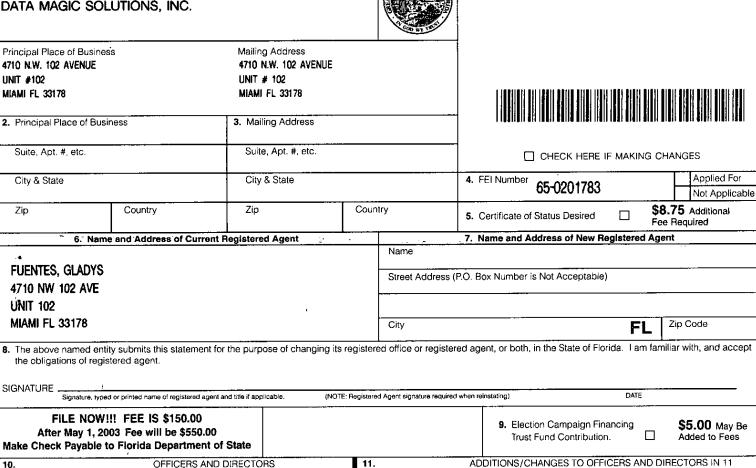
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L70617 DOCUMENT

1. Entity Name

DATA MAGIC SOLUTIONS, INC.



10. ☐ Addition Change ☐ Delete TITLE TITLE **FUENTES, GLADYS** NAME 4710 NW 102 AVE #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Delete TITLE Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITI F

NAME

STREET ADDRESS CITY-ST-ZIP

DD F

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90442 017 ***150.00

☐ Change

☐ Addition