

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M37882

1. Entity Name
DR. MAGIC, INC.



Principal Place of Business
**1500 S.E. 3RD COURT, #151
DEERFIELD BEACH, FL 33441**

Mailing Address
**1500 S.E. 3RD COURT, #151
DEERFIELD BEACH, FL 33441**



02032006 No Chg-P CR2ED34 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2717303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOROWITZ, MARK
1500 S.E. 3RD COURT, #151
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
IN THIS SPACE**

2. 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 requesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

3. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000422720
02/17/06-80027-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOROWITZ, MARK 5719 N W 79TH WAY PARKLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOROWITZ, LOUISE 5719 N W 79 WAY PARKLAND, FL
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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 exemptions contained in Chapter 119, 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 #