

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M37882

Entity Name: DR. MAGIC, INC.

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 970676  
COCONUT CREEK, FL 33097 US

**New Mailing Address:**

FEI Number: 59-2717303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOROWITZ, MARK  
Address: P.O. BOX 970676  
City-St-Zip: COCONUT CREEK, FL 33097 US

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: MARK A HOROWITZ

PRES

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date