2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006866

Entity Name: ART MAGIC PARK, CORP.

FILED Apr 30, 2004 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

 C/O RUBBY CABRERA
 2380 SW 26 ST

 2380 SW 26 ST
 MIAMI, FL 33133

MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

C/O RUBBY CABRERA 2380 SW 26 ST

2380 SW 26 ST MIAMI, FL 33133 US MIAMI, FL 33133 US

FEI Number: 11-3652778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DE LA HOZ, ILSE SAGBINI, MARIANNE 2380 SW 26 ST 2380 SW 26 ST

MIAMI, FL 33133 US MIAMI, FL 33133 US

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: MARIANNE SAGBINI 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP () Delete Title: PD (X) Change () Addition Name: DE LA HOZ, ILSE TD Name: SAGBINI, MARIANNE PD

Address: 2380 S.W. 26 ST Address: 2380 S.W. 26 ST City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 321222 City-St-Zip: MIAMI, FL 32122 City-St-Zip: MIAMI, FL 32122 City-St-Zip: MIAMI, FL 32122 City-St-Zip: MIAMI, FL

Title: ED () Delete Title: VPD (X) Change () Addition Name: SAGBINI, MARIANNE VSD Name: YOUNG, LEE VSD

 Address:
 2380 S.W. 26 ST
 Address:
 2380 S.W. 26 ST

 City-St-Zip:
 MIAMI,
 City-St-Zip:
 MIAMI, FL 33133 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 QUINTERO, ANTONIO J
 Name:
 QUINTERO, ANTONIO J D

 Address:
 2380 S.W. 26 ST
 Address:
 2380 S.W. 26 ST

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE SAGBINI PD 04/30/2004