

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006866

Entity Name: ART MAGIC PARK, CORP.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2380 SW 26 ST
MIAMI, FL 33133 US

New Principal Place of Business:

1015 SW 11 ST
MIAMI, FL 33129 US

Current Mailing Address:

2380 SW 26 ST
MIAMI, FL 33133 US

New Mailing Address:

1015 SW 11 ST
MIAMI, FL 33129 US

FEI Number: 11-3652778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SAGBINI, MARIANNE
1015 SW 11 ST
MIAMI, FL 33129 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

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAGBINI, MARIANNE PD
Address: 2380 S.W. 26 ST
City-St-Zip: MIAMI, FL 33133 US

Title: VPD () Delete
Name: YOUNG, LEE VSD
Address: 2380 S.W. 26 ST
City-St-Zip: MIAMI, FL 33133 US

Title: D (X) Delete
Name: QUINTERO, ANTONIO J D
Address: 2380 S.W. 26 ST
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAGBINI, MARIANNE
Address: 1015 SW 11 ST
City-St-Zip: MIAMI, FL 33129 US

Title: VPD (X) Change () Addition
Name: QUINTERO, ANTONIO J
Address: 1015 SW 11 ST
City-St-Zip: MIAMI, FL 33129 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date