2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/3/2004-90004-014-$70.00-$70.00

FILED

04 OCT 11 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002463

1. Entity Name
MAGICAL TREAT INC.

Principal Place of Business	Mailing Address
5001 E SENECA AVE TAMPA, FL 33167	5001 E SENECA AVE TAMPA, FL 33167

2. Principal Place of Business	3. Mailing Address
5001 EAST SENECA AVE	5001 EAST SENECA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33617 Country: USA	Zip: 33617 Country: USA

06212004 Chg-NP CR2E037 (10/03)

4. FEI Number: 651180747 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL
400 SW 172 AVE
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name: AFRETTE MILLER
Street Address (P.O. Box Number is Not Acceptable): 5001 EAST SENECA AVE
City: TAMPA FL Zip Code: 33617

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fee	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, AFRETTE 75 ARLINGTON RD TAMPA, FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, AFRETTE 5001 EAST SENECA AVE TAMPA FL 33617	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CADWELL, FAYE 831 NW 27 AVE MIAMI, FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ramon MILLER 5001 EAST SENECA AVE TAMPA FL 33617	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMUEL, ONEIL 201 SE MIAMI AVE MIAMI, FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: A Miller 08-30-2004 813-984-1768
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #