

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 040 ****61.25

DOCUMENT # N28671

1. Entity Name

MAJIC CHILDREN'S FUND, INC.



Principal Place of Business

20450 NORTHWEST SECOND AVENUE
MIAMI FL 33169
US

Mailing Address

20450 NORTHWEST SECOND AVENUE
MIAMI FL 33169
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0074970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ALINA
20450 NORTHWEST SECOND AVENUE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COLLINS, DENNIS
STREET ADDRESS 11360 SHADY LANE
CITY-ST-ZIP PALMNTATION FL 33325

TITLE V ☐ Delete
NAME SHAW, RICK
STREET ADDRESS 20450 NORTHWEST 2ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete
NAME HAMILTON, BOB
STREET ADDRESS 23450 N.W. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☒ Delete
NAME ROSE, JONATHAN
STREET ADDRESS 20450 N.W. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☐ Delete
NAME GONZALEZ, ALINA I.
STREET ADDRESS 2234 SW 132 CT.
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CONNIE ESTOPINAN
CITY-ST-ZIP 20450 NW 2ND AVE
MIAMI, FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

ALINA I. Gonzalez 2/9/06 (305) 521-5249