


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002675

1. Entity Name
MAGIC CITY FOUNDATION, INC.



Principal Place of Business 2650 BISCAYNE BLVD. MIAMI, FL 33137 US	Mailing Address 2650 BISCAYNE BLVD. MIAMI, FL 33137 US
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0844468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANDBERG, NEAL L ESQ
2650 BISCAYNE BLVD.
MIAMI, FL 33137

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000126301
 04/23/04-80028-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESTRE, TOMAS A 14201 S.W. 248TH ST REDLANDS, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDBERG, NEAL L 2650 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELAOSA, CARLOS 5001 SW 74 CT STE 202 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **4/20/04** **305 576-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ Daytime Phone # _____