

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000047475

1. Entity Name
MAGIC HEALTH CORP.



FILED

04 APR 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1800 S.W. 27TH AVE., SUITE 300
MIAMI, FL 33145**

Mailing Address
**1800 S.W. 27TH AVE., SUITE 300
MIAMI, FL 33145**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

04202004 Chg-P CR2E034 (10/03) 04

4. FEI Number
65-1007136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MALOUF, CARMEN
1800 S.W. 27TH AVE., SUITE 300
MIAMI, FL 33145**

7. Name and Address of New Registered Agent
Name **Rosaura Castro**
Street Address (P.O. Box Number is Not Acceptable)
910 West Ave # 636
City **Miami Beach** FL Zip Code **33139**

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 *Rosaura Castro* DATE **04-20-04**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MALOUF, CARMEN 1800 S.W. 27TH AVE., SUITE 300 MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rosaura Castro 910 West Ave # 636 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Rosaura Castro* DATE **04-20-04** (386) 443-2405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR