


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 8:00 am
Secretary of State

07-25-2005 90098 034 ***150.00

DOCUMENT # P00000082766 1. Entity Name PRACTICAL MAGIC, INC.		
Principal Place of Business 8121 SW 35TH TERRACE MIAMI, FL 33155	Mailing Address 8121 SW 35TH TERRACE MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GUIST, JAMES M PA 501 KINDRED STREET SUITE 201 STUART, FL 34984		DO NOT WRITE IN THIS SPACE
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 <u><i>Margaret Perez</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JULIAN 8121 S.W. 35TH TERRACE MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, MAYRA V 8121 S.W. 35TH TERRACE MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Margaret Perez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8-21-05</u> <small>Daytime Phone #</small>

66026413



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1054169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



ATTACHMENT

66026413

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 28, 2005

PRACTICAL MAGIC, INC.
8121 SW 35TH TERRACE
MIAMI, FL 33155

Subject: PRACTICAL MAGIC, INC.

Reference Number: P00000082766

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION