## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 19, 2006 8:00 am Secretary of State

DOCUMENT # P0000082766  1. Entity Name PRACTICAL MAGIC, INC.				07-19-2006 90004 005 ***158.75					
Principal Place of Business 8121 SW 35TH TERRACE MIAMI, FL 33155		Mailing Address 8121 SW 35TH TERRACE MIAMI, FL 33155		40099996					
2. Principal Place of Business 600 8117 More Way Suite, Apt. #, etc.		3. Mailing Address 600 81/7 more way Suite, Apt. #, etc.		07102006 Chg-P CR2E034 (11/05)					
City & State	17 - 10	City & State	DI ODN	4. FEI Numbe			<del></del>	plied For	
Zip Country 33134 OSA		Zip Country A		5. Certificate of Status Desired Status Desired Pee Required				itional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CUIST IA	MEC M DA		Name						
GUIST, JAMES M PA 501 KINDRED STREET SUITE 201 STUART, FL 34994			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City	FL Zip Code					
	named entity submits this statement folions of registered agent.	the purpose of changing its re	gistered office or regis	tered agent, or bo	th, in the State of Fic	orida. I am fam	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signature requ	ired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006  9. Election Campaign Financing Trust Fund Contribution.				65.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFF	ICERS AND DI	RECTORS		
TITLE								☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JULIAN 8121 S.W. 35TH TERRACE MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PEREZ, JULIAN 8121 S.W. 35TH TERRACE MIAMI, FL 33155 D PEREZ, MAYRA V 8121 S.W. 35TH TERRACE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PEREZ, JULIAN 8121 S.W. 35TH TERRACE MIAMI, FL 33155 D PEREZ, MAYRA V	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			<u> </u>	· ·		
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PEREZ, JULIAN 8121 S.W. 35TH TERRACE MIAMI, FL 33155 D PEREZ, MAYRA V 8121 S.W. 35TH TERRACE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS			C	] Change	☐ Addition	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PEREZ, JULIAN 8121 S.W. 35TH TERRACE MIAMI, FL 33155 D PEREZ, MAYRA V 8121 S.W. 35TH TERRACE	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Change	Addition	
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICE ORDIRECTOR

70-B1-P

<u> BEZ-EGE</u>

Daytime Phone #