

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089316

FILED
Apr 29, 2005
Secretary of State

Entity Name: NEW MILLENNIUM MAGIC WORK, INC.

Current Principal Place of Business:

5629 RODMAN ST UNIT BAY 4
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

5629 RODMAN ST UNIT BAY 4
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 65-1042952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOFIL, JOSEPH P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAVO, RAMON HORACIO
Address: 5638 FUNSTON STREET, BAY 8
City-St-Zip: HOLLYWOOD, FL 33023

Title: O () Delete
Name: BRAVO, ROXANNA
Address: 5638 FUNSTON ST BAY 8
City-St-Zip: HOLLYWOOD, FL 33023

Title: O () Delete
Name: BRAVO, MANUEL G
Address: 5638 FUNSTON ST BAY 8
City-St-Zip: HOLLYWOOD, FL 33023

Title: O () Delete
Name: GODOY, SERGIO D
Address: 5629 RODMAN ST UNIT BAY 4
City-St-Zip: HOLLYWOOD, FL 33023

Title: O () Delete
Name: GODOY, BALTAZAR
Address: 5629 RODMAN ST UNIT BAY 4
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAVO, RAMON HORACIO

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date