
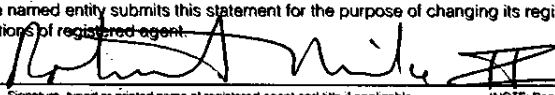
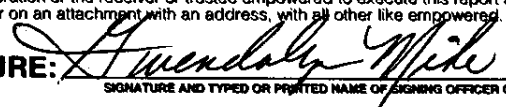


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90146 028 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P0000108104 | |  | |
| 1. Entity Name MAG'S FOOD FOR THE SOUL, INC. | | | |
| Principal Place of Business 606 KATHERINE AVE ORLANDO, FL 32810 | | Mailing Address PO BOX 608523 ORLANDO, FL 32860-8573 US | |
| 2. Principal Place of Business 3861 N. Lake Orlando Pkwy | | 3. Mailing Address P.O. Box 608573 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, Florida | | City & State Orlando, Florida | |
| Zip 32808 | Country USA | Zip 32860-8573 | Country USA |
| 4. FEI Number 59-3683315 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MIKE, ROBERT II 4801 LEE ROAD SUITE 120 WINTER PARK, FL 32789 | | 7. Name and Address of New Registered Agent Name Robert Mike II Street Address (P.O. Box Number is Not Acceptable) 20 N. Orange Ave. #1309 City ORLANDO FL Zip Code 32801 | |
| 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  DATE 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D MIKE, GWENDOLYN 606 KATHERINE AVE ORLANDO, FL 32810 <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 |
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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)(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:  | | Date 4/27/04 Daytime Phone # (407) 522-6312 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |