

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90003 050 ***150.00

DOCUMENT # P0000108104

1. Entity Name
MAG'S FOOD FOR THE SOUL, INC.



Principal Place of Business
**3861 N LAKE ORLANDO PKWY.
 ORLANDO, FL 32808**

Mailing Address
**3861 N. LAKE ORLANDO PKWY.
 ORLANDO, FL 32808 US**

DO NOT WRITE IN THIS SPACE

40201000



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3683315	Applied For 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
 20 N ORANGE AVE.
 #1309
 ORLANDO, FL 32801~~

**716 Fox Valley Dr
 Longwood, FLA.
 32779**

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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: *Robert Mike II* **716 Fox Valley Dr, Longwood FLA 32779 - 4/29/08**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE, GWENDOLYN 3861 N. LAKE ORLANDO PKWY. ORLANDO, FL 32808
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12. I hereby certify that the information supplied with this filing does not qualify 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: *Gwendolyn M. Mike* **4/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #