2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000033186

Entity Name
 MYSTICAL VENTURES, INC.



FILED Jun 06, 2006 08:00 AN Secretary of State

Applied For

Principal Place of Business

Mailing Address

703 CRANDON BLVD SUITE 503 KEY BISCAYNE, FL 33149 703 CRANDON BLVD SUITE 503 KEY BISCAYNE, FL 33149



DO NOT WRITE IN THIS SPACE

05252006 No Chg-P CR2E034 (11/05)

65-109999 Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUILA, PATRICIA 703 CRANDON BLVD SUITE 503 · KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

4. FEI Number

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8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Florida. Jam familiar with, and acc 06/06/06-80001-021 150 . 0	:ep!
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTÉ: Registere	d Agent signature /	equired when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Finar Trust Fund Contribution.	ncing	\$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.	1e
10. OFFICERS AND DIRECTORS		a de la companya de l	Carlo Carolina		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NUILA, PATRICIA 703 CRANDON BLVD SUITE 503 KEY BISCAYNE, FL 33149					は ないかん
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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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

STREET ADDRESS

STREET ADDRESS
CITY-SY-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

Mula Patricia Dula

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Hay 25,2006

Daytime Phone #

Patricia Nuila