


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90021 012 ***150.00

DOCUMENT # P01000048195	
1. Entity Name MIKE'S MAGIC, INC.	

Principal Place of Business 2224 MEARS PWKY. MARGATE, FL 33063	Mailing Address 2224 MEARS PWKY. MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1409 N.W. 58 AVE Suite, Apt. #, etc.
City & State MARGATE, FL	City & State MARGATE, FL
Zip 33063	Country

40109933



07032008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1105779	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name JUNE SALVADORE Street Address (P.O. Box Number is Not Acceptable) 1409 N.W. 58 AVE City MARGATE FL Zip Code 33063
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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 _____
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALVADORE, MICHAEL D 1409 NORTHWEST 58TH AVENUE MARGATE, FL 33063 <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	S SALVADORE, JUNE 1409 N.W. 58 AVE. MARGATE, FL 33063 <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 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:  **1/5/08** **954-978-2755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #