2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000068566

1. Entity Name
ITSMAGICAL.COM, INC.

94041576

Principal Place of Business	Mailing Address
727 DOVER ST.	727 DOVER ST.
BOCA RATON, FL 33487	BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

03262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1126582	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

LAY, PAUL J
727 DOVER ST
BOCA RATON, FL 33487

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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 After May 1, 2004 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAY, PAUL J
STREET ADDRESS	727 DOVER ST
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	VP
NAME	LAY, NATHAN S
STREET ADDRESS	727 DOVER ST
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

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 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: _____ PRESIDENT _____ 29 MAR 2004

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