

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078395

Entity Name: FLORIDA MAGIC AUTO, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

4132 N, 50TH ST
TAMPA, FL 33619

New Principal Place of Business:

4132 S. US 41
TAMPA, FL 33619

Current Mailing Address:

P O BOX 290474
TAMPA, FL 33857

New Mailing Address:

FEI Number: 65-1129205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AL - REFAIE, ANTHONY
9209 KNIGHTBRANCH RD
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AL- REFAIE, ANTHONY
Address: P O BOX 290474
City-St-Zip: TAMPA, FL 33687

Title: SD () Delete
Name: REFAIE, NICK
Address: P O BOX 290474
City-St-Zip: TAMPA, FL 33687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AL- REFAIE, ANTHONY
Address: P O BOX 290474
City-St-Zip: TAMPA, FL 33687

Title: S (X) Change () Addition
Name: REFAIE, NICK
Address: P O BOX 290474
City-St-Zip: TAMPA, FL 33687

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY AL-REFAIE

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date