

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078395

Entity Name: FLORIDA MAGIC AUTO, INC.

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4132 S. US 41  
TAMPA, FL 33619

**New Principal Place of Business:**

**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:**

AL - REFAIE, ANTHONY  
9209 KNIGHTS BRANCH RD  
TAMPA, FL 33637 US

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

03/12/2011

Date

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: REFAIE, NICK  
Address: P O BOX 290474  
City-St-Zip: TAMPA, FL 33687

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY AL-REFAIE

P

03/12/2011

Electronic Signature of Signing Officer or Director

Date