


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000080509**  
1. Entity Name  
**MAGIC CITY REALTY, INC.**



Principal Place of Business <b>770 PONCE DE LEON BLVD #222 CORAL GABLES, FL 33134</b>	Mailing Address <b>770 PONCE DE LEON BLVD #222 CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3861722</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HERNANDEZ, MIGUEL A  
770 PONCE DE LEON BLVD, STE 222  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HERNANDEZ, MIGUEL A 770 PONCE DE LEON BLVD, STE 222 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUEYO, CAROLINA 770 PONCE DE LEON BLVD, STE 222 CORAL GABLES, FL 33134
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07/26/04-80010-013 150.00

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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:**  **7-22-04** **305-443-1672**  
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #