


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90022 026 ***150.00

DOCUMENT # P01000099002	
1. Entity Name CINEMAGICAL INC	

Principal Place of Business 2455 EAST SUNRISE BLVD. SUITE 502 FT LAUDERDALE, FL 33304	Mailing Address 2455 EAST SUNRISE BLVD. SUITE 502 FT LAUDERDALE, FL 33304
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50055244



2. Principal Place of Business 1439 N.E. 16TH AVE	3. Mailing Address 1439 NE 16th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33304	Zip 33304
Country USA	Country USA

04112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1146160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNITZER, GERALD S. 2455 EAST SUNRISE BLVD. SUITE 502 FT LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROOKE, JOHN M 2455 EAST SUNRISE BLVD. #502 FT LAUDERDALE, FL 33304 <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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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

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:  **4/20/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____



ADVISORY
SERVICES, INC

2455 E. SUNRISE BLVD.
SUITE 502
FORT LAUDERDALE, FLORIDA
33304-3108

ATTACHMENT

P01 000099002
52055244

Gerald S. Schnitzer, President

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Wednesday, 07/06/2005

Dear Div. of Corporations,

Enclosed please find, as requested, completed and accurately filed, including filing fee, 2005 for profit corporation annual report for Cinemagical, inc.

The client sent in the payment prior to the May 1st due date but was returned, see enclosed department letter dated April 18, 2005.

Filer completed form and returned the file to this office for mailing. We subsequently had an excessive change in personnel and were unable to find the correspondence. It was unearthed as of the date of this letter and forwarded without haste.

Please accept this filing as timely.

Thank you in advance,

A handwritten signature in black ink, appearing to read "PB", is written over the name Paul Bunnell.

Paul Bunnell