

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 24 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000068333

1. Entity Name  
MAGIC TAN OF FLORIDA, INC.



Principal Place of Business

7040 W. PALMETTO PARK RD.  
SUITE 4  
BOCA RATON, FL 33433

Mailing Address

7040 W. PALMETTO PARK RD.  
SUITE 4  
BOCA RATON, FL 33433

2. Principal Place of Business

20335 Biscayne Blvd.  
Suite, Apt. #, etc. #L35

3. Mailing Address

20335 Biscayne Blvd.  
Suite, Apt. #, etc. #L35



09232004

Chg-P

CR2E034 (10/03)

City & State

Aventura, FL

City & State

Aventura, FL

Zip  
33180

Country  
USA

Zip  
33180

Country  
USA

4. FEI Number  
42-1548257

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCARPELLI, JUSTIN  
7040 W. PALMETTO PARK RD.  
SUITE 4  
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name Michele Pelliccio  
Street Address (P.O. Box Number is Not Acceptable)  
20335 Biscayne Blvd.  
#L35  
City Aventura FL Zip Code 33180

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

Michele Pelliccio

9/23/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCARPELLI, JUSTIN	
STREET ADDRESS	7040 W. PALMETTO PARK RD., SUITE 4	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michele Pelliccio	
STREET ADDRESS	20335 Biscayne Blvd. #L35	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michele Pelliccio President 9/23/04 305-9358008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #