

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90001 021 \*\*\*150.00

**DOCUMENT # P02000090550**

1. Entity Name  
**MAGIC ON CALL, INC.**



Principal Place of Business  
**3784 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140**

Mailing Address  
**3784 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140**

**54069030**

2. Principal Place of Business  
**1181 NE 200th TERR.**

3. Mailing Address  
**1181 NE 200th TERR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092004

Chg-P

CR2E034 (10/03)

City & State  
**N. MIAMI BEACH FL**

City & State  
**N. MIAMI BEACH FL**

4. FEI Number  
**56-2293605**

Applied For  
Not Applicable

Zip Country  
**33179 USA**

Zip Country  
**33179 USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SANDS, KITTI  
3784 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140**

## 7. Name and Address of New Registered Agent

Name  
**Kitti SANDS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1181 NE 200th TERR.**  
City  
**N. MIAMI BEACH FL** Zip Code  
**33179**

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 **[Signature]**

DATE **8/10/04**

**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  
**D SANDS, KITTI  
3784 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140** ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES SANDS, KITTI  
1181 NE 200th TERR.  
N. MIAMI BEACH FL 33179** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AUG 19 2004**

**305-449-0784**

Date

Daytime Phone #