

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000090550 1. Entity Name MAGIC ON CALL, INC.																																																																																																																													
Principal Place of Business 1181 NE 200TH TERR. N. MIAMI BEACH FL 33179			Mailing Address 1181 NE 200TH TERR. N. MIAMI BEACH FL 33179																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEL Number 56-2293605																																																																																																																									
5. Certificate of Status Desired ☒		Applied For Not Applicable \$8.75 Additional Fee Required																																																																																																																											
6. Name and Address of Current Registered Agent SANDS, KITI 1181 NE 200TH TERR. N. MIAMI BEACH FL 33179				7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																									
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution ☐ Added to Fees																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SANDS, KITTI</td> <td></td> <td>STREET ADDRESS</td> <td>000000482914</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>1181 NE 200TH TERR. N MIAMI BEACH FL 33179</td> <td></td> <td>CITY - ST - ZIP</td> <td>04/11/06-80092-020 158.75</td> <td></td> </tr> <tr><td>TITLE</td><td></td><td>☐ Delete</td><td>TITLE</td><td></td><td>☐ Change ☐ Add</td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td></td><td>☐ Delete</td><td>TITLE</td><td></td><td>☐ Change ☐ Add</td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td></td><td>☐ Delete</td><td>TITLE</td><td></td><td>☐ Change ☐ Add</td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> <tr><td>TITLE</td><td></td><td>☐ Delete</td><td>TITLE</td><td></td><td>☐ Change ☐ Add</td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS	SANDS, KITTI		STREET ADDRESS	000000482914		CITY - ST - ZIP	1181 NE 200TH TERR. N MIAMI BEACH FL 33179		CITY - ST - ZIP	04/11/06-80092-020 158.75		TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Kiti J. Sands</i> Kiti J Sands 3054690781 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													