## 2003 FOR PROFIT CORPORATION

## FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000102968 DOCUMENT # 1. Entity Name 04-28-2003 90210 010 \*\*\*158.75 MAGIC PROPERTIES & INVESTMENT, INC. Principal Place of Business Mailing Address 280 COUNTY ROAD 427 SOUTH 280 COUNTY ROAD 427 SOUTH LONGWOOD FL 32750 LONGWOOD FL 32750 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LABRET, STEVEN M Street A 226 HILLCREST STREET ORLANDO FL 32801 City 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 a en SIGNATURE Signature, Ivon (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete MOREIRA, STEVEN NAME NAME STREET ADDRESS 280 COUNTY ROAD 427 SOUTH STREET ADDRESS CITY-ST-7IP LONGWOOD FL 32750 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

CR2E034 (10/02) STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 en changed, or on an attachment with an address powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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