

FILED
May 09, 2003 8:00 am
Secretary of State

04-15-2003 90109 037 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P02000105572 ✓	
1. Entity Name MAGICAL SHOES FOR CHILDREN	



DO NOT WRITE IN THIS SPACE

55039159

2. Principal Place of Business 85 MERRICK WAY Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State	
Zip 33134	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0484587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name EDNA K. GARCIA
Street Address (P.O. Box Number is Not Acceptable) 85 MERRICK WAY
City CORAL GABLES, FL FL
Zip Code 33134

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

Edna K. Garcia

4/01/03

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

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDNA K. GARCIA 85 MERRICK WAY CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edna K. Garcia

4/01/03 (305) 4482231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)