

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000001772		
1. Entity Name MAGIC CLEANING & MAINTENANCE SERVICES INC		
Principal Place of Business 173163 WAY SOUTH LOT 407 WEST PALM BEACH, FL 33415	Mailing Address 173163 WAY SOUTH LOT 407 WEST PALM BEACH, FL 33415	



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1975068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AVELLANEDA, ANNE 173163 WAY SOUTH LOT 407 WEST PALM BEACH, FL 33415	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 *Anne Avellaneda* DATE 04/20/05
Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	D ALBRIEUX, LUIS A 173163 WAY SOUTH LOT 407 WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLANEDA, ANNE 173163 WAY SOUTH LOT 407 WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000324884
04/22/05-80113-008 150.00

DO NOT WRITE 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)(f), 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: *Anne Avellaneda* DATE 04/20/05 561-2555672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #