

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000102445

FILED
Jul 18, 2007
Secretary of State**Entity Name:** MAGIC PAINTING OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**301 EAST PINE ST
150
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**301 EAST PINE ST
150
ORLANDO, FL 32801**New Mailing Address:****FEI Number:** 54-2125461**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PENA, GIOVANNI
301 EAST PINE ST
150
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PRES () Delete
Name: PENA, GIOVANNI
Address: 301 EAST PINE ST STE 150
City-St-Zip: ORLANDO, FL 32801**Title:** SEC (X) Delete
Name: BOLIVAR, LUZ A
Address: 301 EAST PINE ST STE 150
City-St-Zip: ORLANDO, FL 32801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNI PENA

PRES

07/18/2007

Electronic Signature of Signing Officer or Director_____
Date