2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P03000126693

Entity Name: MAGIC DRYWALL & REPAIR CORP.

Current Principal Place of Business:

1713 CAPESTERRE DRIVE
ORLANDO, FL 32824 US

New Principal Place of Business:

1841 MEADOW POND WAY
ORLANDO, FL 32824 US

Current Mailing Address:

1713 CAPESTERRE DRIVE
ORLANDO, FL 32824 US

New Mailing Address:

1841 MEADOW POND WAY
ORLANDO, FL 32824 US

FEI Number: 20-0370715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTRO, CARLOS A
1713 CAPESTERRE DRIVE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

CASTRO, CARLOS A
1841 MEADOW POND WAY
ORLANDO, FL 32824 US

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: CARLOS CASTRO 01/05/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASTRO, CARLOS A
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: VP (X) Delete
Name: ARAGON, MARTIN A
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: S ( ) Delete
Name: ALVAREZ, FREDDY
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: T ( ) Delete
Name: GARCIA, JOHN C
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: O (X) Delete
Name: LOPEZ, JHONNATAN
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: O (X) Delete
Name: SOLORZANO, JOSE
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CASTRO, CARLOS A
Address: 1841 MEADOW POND WAY
City-St-Zip: ORLANDO, FL 32824 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: CARLOS CASTRO PRES 01/05/2004
Electronic Signature of Signing Officer or Director Date