
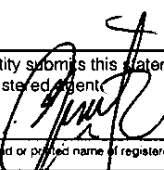
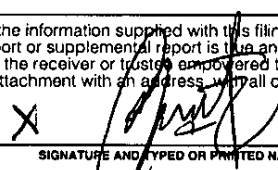


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90026 044 ***150.00

DOCUMENT # P03000126693 1. Entity Name MAGIC DRYWALL & REPAIR CORP.																													
Principal Place of Business 1841 MEADOW POND WAY ORLANDO, FL 32824 US			Mailing Address 1841 MEADOW POND WAY ORLANDO, FL 32824 US																										
2. Principal Place of Business 2317 W 66th 208 PL		3. Mailing Address P.O. BOX 420355																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State MIAMI HIALEAH FL		City & State KISSIMEE FLORIDA		4. FEI Number 20-0370715																									
Zip 33016		Country DADE		Applied For <input type="checkbox"/> Not Applicable																									
Zip 33016		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CASTRO, CARLOS A 1841 MEADOW POND WAY ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name CARLOS CASTRO Street Address (P.O. Box Number is Not Acceptable) 2317 W. 66th 208 PLACE City MIAMI HIALEAH FL Zip Code 33016																										
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  DATE 3/11/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASTRO, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1841 MEADOW POND WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32824</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	CASTRO, CARLOS		STREET ADDRESS	1841 MEADOW POND WAY		CITY-ST-ZIP	ORLANDO, FL 32824		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P/T/ID</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CARLOS CASTRO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2317 W 66th 208 PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI HIALEAH, FL 33016</td> <td></td> </tr> </table>			TITLE	P/T/ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CARLOS CASTRO		STREET ADDRESS	2317 W 66th 208 PLACE		CITY-ST-ZIP	MIAMI HIALEAH, FL 33016	
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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 Block 11 if changed, or on an attachment with an address, or all other like empowered.																													
SIGNATURE: 			Date 3/11/05 Daytime Phone # 407-709 4175																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													