

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/1

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-12-2007 90016 018 ***150.00

DOCUMENT # P04000007786

1. Entity Name
MAGIC FLOORS, INC.



Principal Place of Business
**15146 W COLONIAL DR APT 201
WINTER GARDEN, FL 34787**

Mailing Address
**15146 W COLONIAL DR APT 201
WINTER GARDEN, FL 34787**

66001766



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0601364

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUERRA-MARTINEZ, FELIPE A
15146 W COLONIAL DR APT 201
WINTER GARDEN, FL 34787**

**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 *Martha Acantar*

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

(NOTE: Registered Agent signature required when renewing)

01-03-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**PD
PAEZ, MARIA G
15146 W COLONIAL DR APT 201
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GUERRA MARTINEZ, FELIPE A
15146 W COLONIAL DR APT 201
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ALCANTAR, MARTA
15146 W COLONIAL DR APT 201
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Martha Acantar* *Secretary* *11-2-07* *4073679712*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #