

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 JUL 14 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000071996 1. Entity Name MAGIC GROUP, INC.					
Principal Place of Business 223 EAST FLAGLER STREET SUITE M-1 MIAMI, FL 33132			Mailing Address 100 N. BISCAYNE BLVD. SUITE 2608 MIAMI, FL 33132 US		
2. Principal Place of Business 223 EAST FLAGLER STREET Suite, Apt. #, etc. 601		3. Mailing Address 223 EAST FLAGLER STREET Suite, Apt. #, etc. M-1			
City & State MIAMI FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 201084051	
Zip 33131 Country USA		Zip 33131 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, JEFFREY A ESQ 100 N. BISCAYNE BLVD. SUITE 2608 MIAMI, FL 33132				7. Name and Address of New Registered Agent Name ANDREW GUEVAS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 536 BILTMORE WAY City CORAL GABLES FL Zip Code 33134	
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 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POMBO, MARTIN 223 EAST FLAGLER STREET, #M-1 MIAMI, FL 33132			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete BAGUEAR, SUSANA M 223 EAST FLAGLER STREET, #M-1 MIAMI, FL 33132			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete POMBO, ALEJANDRA 223 EAST FLAGLER STREET, #M-1 MIAMI, FL 33132			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.					
SIGNATURE:				Date 4/18/05 Daytime Phone # (305) 379 9991	