2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: _

Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # P04000071996 1. Entity Name 03-22-2006 90024 040 ***150.00 MAGIC GROUP, INC. Principal Place of Business Mailing Address 223 EAST FLAGLER STREET 223 EAST FLAGLER STREET #601 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 307/ 10 / 107 AV Suite, Apt. #, etc. 3. Mailing Address 307/ N.W 107th love CR2E034 (10/05) 1st MOORE City & State City & State Dolel Applied For 4. FEI Number 20-1084051 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Mami - DANE UIZMI-DAGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUEVAS, ANDREW ESQ 536 BILTMORE WAY CORAL GABLES FL 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 ag (NOTE: Registored Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT DILE TITLE ☐ Defete NAME POMBO, MARTIN NAME STREET ADDRESS 223 EAST FLAGLER STREET, #M-1 STREET ADDRESS Dougl, FL 33172 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 Delete TITLE Change ☐ Addition BAGUEAR, SUSANA M NAME STREET ADDRESS 223 EAST FLAGLER STREET, #M-1 STREET ADDRESS CITY- \$1-7IP MIAMI FL 33132 CITY-ST-7P ☐ Dalete THUE HILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY - ST - 7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

SUSBUA BAGUER 3/8/2006

FILED