2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90071 005 ***158.75

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1. Entity Name
MAGIC GROUP, INC.

Principal Place of Business
3071 NW 107 AVE
DORAL, FL 33172

Mailing Address
3071 NW 107 AVE
DORAL, FL 33172 US

2. Principal Place of Business - No P.O. Box #
1550 NW 108 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1550 NW 108 AVENUE
Suite, Apt. #, etc.

03052008 Chg-P CR2E034 (12/06)

City & State: MIAMI, FLORIDA.
Zip: 33172 Country: USA

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Zip: 33172 Country: USA

4. FEI Number: 20-1084051 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BEQUEAU, SUSANA
1155 BRICHEL B DAY DR
1206
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: BAGUEAR, SUSANA
Street Address (P.O. Box Number is Not Acceptable): 1155 BRICKELL BAY DR
APT. 1206
City: MIAMI FL Zip Code: 33172

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	
DPT	POMBO, MARTIN	3071 NW 107TH AVE	DORAL, FL 33172	☐ Delete
V	BAGUEAR, SUSANA M	3071 NW 107TH AVE	DORAL, FL 33172	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
		11131 NW 72nd TERR.	MIAMI, FL 33178	☒ Change ☐ Addition
	BAGUEAR, SUSANA N.	1155 BRICKELL BAY DR $ 1206	MIAMI, FL 33131	☒ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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: _____ 03/05/08 (305) 593-9017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #