2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90170 044 ***150.00

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1. Entity Name
MIGUEL'S MAGICAL TOUCH, INC.

02182005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~10344 SW 9 TERR MIAMI FL 33174~~	~~10344 SW 9 TERR MIAMI FL 33174~~
2. Principal Place of Business: 8035 SW 107th AVE.	3. Mailing Address: 8035 SW 107th AVE.
Suite, Apt. #, etc.: # 207	Suite, Apt. #, etc.: # 207
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33173 Country: MIAMI	Zip: 33173 Country: MIAMI

4. FEI Number: 20-1251991 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PYE, THOMAS G 3909 NEWBERRY RD STE C GAINESVILLE, FL 32607	Name: OSCAR M. MENDEZ Street Address (P.O. Box Number is Not Acceptable): 8035 SW 107th AVENUE #207 City: MIAMI FL Zip Code: 33173

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] DATE: 2-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MENDEZ, OSCAR M ← OK ~~10344 SW 9 TERR~~ ~~MIAMI, FL 33174~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLY ADDRESS ☒ Change ☐ Addition 8035 SW 107th AVE #207 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 02-28-05 305-632-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #