

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90028 018 \*\*\*150.00

<b>DOCUMENT # P04000082848</b> 1. Entity Name <b>MIGUEL'S MAGICAL TOUCH, INC.</b>					
Principal Place of Business <b>8035 SW 107TH AVE #207</b> <b>MIAMI, FL 33173</b>			Mailing Address <b>8035 SW 107TH AVE #207</b> <b>MIAMI, FL 33173</b>		
2. Principal Place of Business - No P.O. Box # <b>6910 PARK STREET</b>		3. Mailing Address <b>6910 PARK STREET</b>		<b>60024459</b> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD, FL</b>		City & State <b>HOLLYWOOD, FL</b>		4. FEI Number <b>20-1251991</b>	
Zip <b>33024</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SENSENI, MARLENE</b> <b>5811 NE 17TH AVE</b> <b>FORT LAUDERDALE, FL 33334</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>MELENDEZ, OSCAR M</b> <b>8035 SW 107TH AVE #207</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 			4-08-08 305-632-8990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		