


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 014 ***150.00

DOCUMENT # P04000156948 1. Entity Name REAL ESTATE MAGIC INVESTMENT CORP.					
Principal Place of Business 7214 SW 135 COURT MIAMI, FL 33183			Mailing Address 7214 SW 135 COURT MIAMI, FL 33183		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MONTANER, RAUL A ESQ. 175 FONTAINEBLEAU BLVD. SUITE 2-A MIAMI, FL 33172				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	P, D LEPAGE, AURA <input type="checkbox"/> Delete 7214 SW 135TH COURT MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giulliana Alessandri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 77 Houston Street, 2nd floor NEWARK, NJ 07105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D BOTERO, FANY <input checked="" type="checkbox"/> Delete 6301 COLLINS AVENUE, # 2108 MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEANE, TERESA <input type="checkbox"/> Delete 11641 NW 30TH PLACE SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, AMPARO <input checked="" type="checkbox"/> Delete 77 HOUSTON STREET, 2ND FLOOR NEWARK, NJ 07105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ALEJANDRO <input checked="" type="checkbox"/> Delete 5661 NW 112 AVENUE, BLDG.11 # 108 MIAMI, FL 33178		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	
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: <u><i>Aura Le Page</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/05 786-280-3193 <small>Date Daytime Phone #</small>		

50041187



04132005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1904956** Applied For Not Applicable

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