## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000011954

250 S.W. 81 AVENUE

MIAMI, FL 33144

Address:

City-St-Zip:

FILED Jan 18, 2007 Secretary of State

Entity Name: MAGIC JANITORIAL SERVICES INC.					
Current Principal Place of Business:				New Principal Place of Business:	
7353 NW 8TH STREET SUITE K MIAMI, FL 33126				6907 NW 50 STREET MIAMI, FL 33166	
Current Mailing Address:				New Mailing Address:	
PO BOX 2 MIAMI, FL					
FEI Number:	: 20-2218466	FEI Number Applied For ( )	FEI Num	ber Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
SANCHEZ, JOSE M 7353 NW 8TH STREET STE. K MIAMI, FL 33126 US				SANCHEZ, JOSE M 6907 NW 50 STREET MIAMI, FL 33166 US	
	named entity e of Florida.	submits this statement for the p	urpose of	changing its registered o	ffice or registered agent, or both,
SIGNATURE: JOSE M SANCHEZ				01/18/2007	
	Electror	nic Signature of Registered Age	nt		Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( SANCHEZ, JOS 9119 GRAN CA MIAMI, FL 331	ANAL DR.		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	TS ( SANCHEZ, ME 9119 GRAN CA MIAMI, FL 331	NAL DR.		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP ( SANCHEZ, REI 250 S.W. 81 A' MIAMI, FL 331	VENUE		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition
Title: Name:	S SANCHEZ. MA	) Delete RIA V		Title: ( ) Name:	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE M SANCHEZ P 01/18/2007