

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088800

FILED
Apr 24, 2008
Secretary of State

Entity Name: MAGICAL WEDDINGS CORPORATION

Current Principal Place of Business:

15270 SW 104TH ST APT 1-29
MIAMI, FL 33196

New Principal Place of Business:

8343 SW 5 ST APT 9-105
PEMBROKE PINES, FL 33025

Current Mailing Address:

15270 SW 104TH ST APT 1-29
MIAMI, FL 33196

New Mailing Address:

P O BOX 821203
PEMBROKE PINES, FL 33082

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, DENISE
15270 SW 104TH ST APT 1-29
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

CASTILLO, DENISE
8343 SW 5 ST APT 9-105
PEMBROKE PINES, FL 33025 US

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.

SIGNATURE: DENISE CASTILLO

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: MALAVE, ROSE M
Address: 15270 SW 104TH ST APT 1-29
City-St-Zip: MIAMI, FL 33196

Title: PDS () Delete
Name: CASTILLO, DENISE
Address: 15270 SW 104TH ST APT 1-29
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: MALAVE, ROSE M
Address: 8343 SW 5 ST APT 9-105
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PDS (X) Change () Addition
Name: CASTILLO, DENISE
Address: 8343 SW 5 ST APT 9-105
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DENISE CASTILLO

PDS

04/24/2008

Electronic Signature of Signing Officer or Director

Date