2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088800

Entity Name: MAGICAL WEDDINGS CORPORATION

FILED Apr 29, 2009 Secretary of State

8343 SW 5 ST APT 9-105 3831 SW 160 AVENUE # 107 PEMBROKE PINES, FL 33025 MIRAMAR, FL 33027

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MALAVE, ROSE M MALAVE, ROSE M Name: Name: 8343 SW 5 ST APT 9-105 3831 SW 160 AVENUE # 107 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIRAMAR, FL 33027

Title: PDS Title: PDS (X) Change () Addition () Delete

CASTILLO, DENISE Name: Name: CASTILLO, DENISE 8343 SW 5 ST APT 9-105 Address: 3831 SW 160 AVENUE # 107 Address: PEMBROKE PINES, FL 33025 MIRAMAR, FL 33027

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 **PRES** 04/29/2009