


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000136571 1. Entity Name MAGIC AIR CONDITIONING CORP	
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Principal Place of Business 8045 NW 7 ST # 205 MIAMI, FL 33126	Mailing Address 8045 NW 7 STREET # 205 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3598500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIERRA, PABLO
2110 SW 83 AV
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000689089
04/11/07-80021-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SIERRA, PABLO 2110 SW 83 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAZQUEZ, OCTAVIO 8045 NW 7 ST # 205 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RODRIGUEZ, ALBERTO 2940 SW 102 AV MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **2/17/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #