

2010 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO500013671**

1. Entity Name
MAGIC AIR CONDITIONING CORP.

Principal Place of Business Mailing Address
**6281 SW 26 STREET
MIAMI FL 33155 US**

FILED
10 JUN -2 PM 12:18
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

900178917239
04/29/10--01033--004 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6281 SW 26 ST.
Suite, Apt. #, etc.
MIAMI FL.
City & State
Zip **33155** Country **DADE**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-3198500
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PABLO SIERRA - PRESIDENT
6281 SW 26 ST
MIAMI FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.
SIGNATURE **PABLO SIERRA - PRESIDENT** DATE **4/20/2010**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 17 2001 Fee will be \$350.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE Pablo Sierra (President) <input type="checkbox"/> Delete	
NAME 6281 SW 26 ST	
STREET ADDRESS MIAMI FL 33155	
CITY-ST-ZIP	
TITLE SECRETARY <input type="checkbox"/> Delete	
NAME Alberto Rodriguez	
STREET ADDRESS 2940 SW 102 Ave	
CITY-ST-ZIP MIAMI FL 33165	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PABLO SIERRA - PRESIDENT** Date **4/20/2010** Daytime Phone # **(305) 8986044**