

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000148890

1. Entity Name
THE MAGICAL ANIMAL, INC.



Principal Place of Business
**5540 PGA BLVD
#108
PALM BEACH GARDENS, FL 33418**

Mailing Address
**5540 PGA BLVD
#108
PALM BEACH GARDENS, FL 33418**



03182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1673868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEISFELD, ROSA
3304 W COMMUNITY DRIVE
JUPITER, FL 33458**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000747608
05/17/07-80031-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEISFELD, MARSHAL
STREET ADDRESS	3304 W COMMUNITY DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	D
NAME	WEISFELD, ROSA
STREET ADDRESS	3304 W COMMUNITY DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Marshal E. Weisfeld 4/26/07 (561)6942202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #