


# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000152537</b> 1. Entity Name <b>MAGIC MJC CORPORATION</b>	
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FILED

10 OCT 13 AM 8:33

Principal Place of Business <b>1633 E. VINE STREET SUITE 105 KISSIMMEE, FL 34744</b>	Mailing Address <b>1633 E. VINE STREET SUITE 105 KISSIMMEE, FL 34744</b>
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2. Principal Place of Business - No P.O. Box # <b>1855 ISLAND WALK DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>1855 ISLAND WALK DR</b> Suite, Apt. #, etc.
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09222010 Chg-P CR2E034 (11/08)

City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32824</b>	Zip <b>32824</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>20-3807592</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HERNANDEZ, JUAN C 1855 ISLAND WALK DR ORLANDO, FL 32824</b>	7. Name and Address of New Registered Agent Name <b>HERNANDEZ JUAN C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1855 ISLAND WALK DR</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32824</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 24, 2010</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HERNANDEZ, JUAN C	NAME	
STREET ADDRESS	1855 ISLAND WALK DR	STREET ADDRESS	1855 ISLAND WALK DR
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	ORLANDO FL 32821
TITLE	VP <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	RENDO, CARMEN M	NAME	
STREET ADDRESS	1855 ISLAND WALK DR	STREET ADDRESS	1855 ISLAND WALK DR
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	ORLANDO, FL - 32824
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	300181951123
CITY-ST-ZIP		CITY-ST-ZIP	09/23/10--01002--001 **400.00
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	06/10/10-01026-003-150 <sup>00</sup>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: 10/08/10 DAYTIME PHONE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR