2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2008 8:00 am Secretary of State

DOCUMENT # P0700001387 1. Entity Name MAGIC AIR AC CORPORATION						1	07-21-2008 9	0028 042	, ***150.	.00
Principal Place of Business Mailing Address										
55 W 33RD S		55 W 33RD ST			.					
HIALEAH, FL	33012	HIALEAH, FL 33012	HIALEAH, FL 33012			•				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			07152008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State				4. FEI Number Applied For Not			plied For t Applicable	
Zip Country		Zip	Zip Count		5. Certificate of		Status Desired		8.75 Add	
_	6. Name and Address of Curren	t Registered Agent	<u>. </u>	T		7. Name and A	ddress of New R		 	-
-				Name			5. <u>51, 17, 1</u>			
VAQUERO, MIGUEL A 55 W 33RD ST HIALEAH, FL 33012				Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH, FL 33012										
				City FL Zip Code						9
The above named entity submits this statement for the purpose of changing its registered					egistere	ed agent, or both	, in the State of Flo		Imiliar with,	and accept
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Final Due by September 12, 2008 Trust Fund Contribution.						00 May Be ed to Fees	In accordance v corporation did	vith s. 607. not receive	193(2)(b), the prior r	F.S., the notice.
10.	OFFICERS AN	D DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE '	PD MICHEL A	☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS	VAQUERO, MIGUEL A 55 W 33RD ST		NAME STREET							
CITY-ST-ZIP	HIALEAH, FL 33012			Y-ST-ZIP						
TITLE	SD Delete		TITL	TITLE					☐ Change	Addition
NAME	BATTLE, MARIA		NAA							
STREET ADDRESS				EET ADDRESS Y-ST-ZIP						
TITLE	THAT COULT	Delele	TITL				·		☐ Change	Addition
NAME			NAN	AE					_ •	
STREET ADDRESS				EET AODRESS						
CITY-ST-ZIP				Y-ST-ZIP						☐ Addition
TITLE NAME		☐ Delete	TITL	I .					☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CHT	Y-ST-ZIP						
TITLE		Delete	TITL	1					Change	Addition
NAME STREET ADDRESS			NAM	ME REET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ Delete	TITL	LE			*****		☐ Change	☐ Addition
NAME			NAM	5						!
STREET ADDRESS				REET ADDRESS						i
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify for		Y-ST-ZIP	ntained	in Chapter 119	Florida Statutas I	further cost	fu that the i	nformation
, in the and	Column a feet and a mornitalitors adopting A	"" "" a must goes not doding it	~	TOTAL COLOR COL		" Cumbin 112'	· · · · · · · · · · · · · · · · · · ·	TOTAL COLL	., mar me n	ii oi i i i i i i i i i i i i i i i i i

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

7-15-08

786-251-3485

Date

Daytime Phone #