

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-21-2008 90028 042 ***150.00

DOCUMENT # P07000001387 1. Entity Name MAGIC AIR AC CORPORATION											
Principal Place of Business 55 W 33RD ST HIALEAH, FL 33012			Mailing Address 55 W 33RD ST HIALEAH, FL 33012								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.									
City & State Zip Country		City & State Zip Country		4. FEI Number 03-0613839							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> 6. Name and Address of Current Registered Agent VAQUERO, MIGUEL A 55 W 33RD ST HIALEAH, FL 33012 </td> <td colspan="3" style="padding: 5px;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>						6. Name and Address of Current Registered Agent VAQUERO, MIGUEL A 55 W 33RD ST HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
6. Name and Address of Current Registered Agent VAQUERO, MIGUEL A 55 W 33RD ST HIALEAH, FL 33012			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. 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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAQUERO, MIGUEL A 55 W 33RD ST HIALEAH, FL 33012	<input type="checkbox"/> Delete									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BATTLE, MARIA 1231 WEST 34 ST HIALEAH, FL 33012	<input type="checkbox"/> Delete									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete										
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete										
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: <i>Miguel A. Vaquero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-15-08 786-251-3485 <small>Date Daytime Phone #</small>								