# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2008**
**Secretary of State**

DOCUMENT# P07000032445

**Entity Name:** MYSTICAL CANDLES CORP.

**Current Principal Place of Business:**

10101 SW 77 CT.
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

10101 SW 77 CT.
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number: 06-1808698** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ESTEVEZ, JERRY
305 SW 181 WAY
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete
Name: PRAVIA, CLAUDIA
Address: 13435 SW 128TH ST., BAY 103
City-St-Zip: MIAMI, FL 33186

Title: PD ( ) Delete
Name: ESTEVEZ, JERRY
Address: 13435 SW 128TH ST., BAY 103
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition
Name: PRAVIA, CLAUDIA
Address: 10101 SW 77 CT
City-St-Zip: MIAMI, FL 33156

Title: PD (X) Change ( ) Addition
Name: ESTEVEZ, JERRY
Address: 305 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA PRAVIA PTSD 01/07/2008

Electronic Signature of Signing Officer or Director — Date