

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000032445

FILED
May 05, 2009
Secretary of State**Entity Name:** MYSTICAL CANDLES CORP.**Current Principal Place of Business:**305 SW 181 WAY
PEMBROKE PINES, FL 33029**New Principal Place of Business:****Current Mailing Address:**305 SW 181 WAY
PEMBROKE PINES, FL 33029**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

OFFICERS AND DIRECTORS:**Title:** PTSD () Delete
Name: PRAVIA, CLAUDIA
Address: 10101 SW 77 CT
City-St-Zip: MIAMI, FL 33156**Title:** PD (X) Delete
Name: ESTEVEZ, JERRY
Address: 305 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL 33029**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: ESTEVEZ, JERRY
Address: 304 SW 181 WAY
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JERRY ESTEVEZ

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date