

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050145

Entity Name: LA MAGIA, CORP.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1660 WEEPING WILLOW WAY
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1660 WEEPING WILLOW WAY
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-8936570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

FRIDMAN, NATALIA
1660 WEEPING WILLOW WAY
HOLLYWOOD, FL FL US

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: NATALIA FRIDMAN

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAIN, BRUNO
Address: 1660 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: FRIDMAN, NATALIA
Address: 1660 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NATALIA FRIDMAN

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date