



FILED
Apr 10, 2008 8:00 am
Secretary of State

400022-

DOCUMENT # P07000060347				04-10-2008 90031 002 ***158.75	
1. Entity Name MAGIC ART INC					
Principal Place of Business 2828 CORAL WAY SUITE 400 CORAL GABLES, FL 33145		Mailing Address 2828 CORAL WAY SUITE 400 CORAL GABLES, FL 33145			
2. Principal Place of Business - No P.O. Box # 1320 E PETER AVE.		3. Mailing Address 1320 E PETER AVE.			
Suite, Apt. #, etc. SUITE 105.		Suite, Apt. #, etc. SUITE 105.		04022008 Chg-P CR2E034 (12/06)	
City & State TAMPA FL.		City & State TAMPA FL.		4. FEI Number 26-033471.	
Zip 33637		Country USA.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ALCALA, IRAIDES M 2828 CORAL WAY 400 CORAL GABLES, FL 33145		7. Name and Address of New Registered Agent Name ALCALA, IRANES M. Street Address (P.O. Box Number is Not Acceptable) 5235 CYPRESS PARKS LN City TAMPA FL 33647.			
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 Irdales Alcala DATE 04/07/08. <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CATONI, RICARDO A 2828 CORAL WAY #400 CORAL GABLES, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CATONI, RICARDO A. 5235 CYPRESS PARKS LN TAMPA FL. 33647.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALCALA, IRAIDES M 2828 CORAL WAY #400 CORAL GABLES, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALCALA, IRANES M. 5235 CYPRESS PARKS LN TAMPA FL. 33647.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Irdales Alcala		DATE 04/07/08. (813) 490.6333			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			