## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	REPURI			<b>SCCI CIA</b>	ny or St	aic
*DOCUI 1. Entity Name MAGIC AI		347			04-10-2008 9	90031 002 ***15	
Principal Place	e of Business	Mailing Address		4,000	7.0		
2828 CORAL	WAY	2828 CORAL WAY					
SUITE 400		SUITE 400		• 1			
CORAL GABLES, FL 33145 CORAL GABLES, FL 33145			45		1 88)(( 128)  86(N 22)   98(II		1001 IE 1001
2 Principal Pl	lace of Business - No P.O. Boy#	3. Mailing Address	Tan A	E.			
Suite Apt.	#, etc.	Suite, Apt. #, etc.		04022008	Chg-P	CR2E034 (12/06)	
City & State	<u> </u>	City's Sjate	)	4. FEi Numb	26-0334	IHI. No	plied For at Applicable
236	2) Country	32627	County CA.	5. Certificate	e of Status Desired	\$8.75 Add Fee Require	
سبد	6. Name and Address of Current	Registered Agent	30 (	7. Name an	d Address of New Re		-
•			Name	VOALA TO	21ines N	Ĭ	
ALCALA, I			Street A	distracted O Box Numb	per is KDr. Accontable	1	
2828 COR	AL WAY	523	SUBSE NUMBER	5 /2015	<u>'</u> M		
400 CORAL GA	ABLES, FL 33145			, and the second			
			City-7	<del>-</del>		FL Z	<u>'''</u>
			$\mu$	TIZ	other in the Otalia of Fla	Out	<del>3-77 ,</del>
8. The above the obligat	named entity submits this statement for ions of registered agent	r the purpose of changing its r	egistered office or	registered agent, or be	oth, in the State of Flo	rida. Tam familiar with,	and accept
	Heriday MIV	-21			$\alpha$	ചിന്മിന്മ	
SIGNATURE_	Signature, typed or printed unmer of registered agent (	d title if applicable (NOTE:	Registered Agent signatu	ire required when reinstating)		DATE	
	Surface of prince prince of logicies a agent	7 date: appsended (101).	TO THE CONTRACT OF THE CONTRAC		Τ	****	
	E NOW!!! FEE IS \$150.00			\$5:00 May Be -			
After Ma	ay 1, 2008 Fee will be \$550.0	1 Pust Fund Contri	loution.	Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITLE	(STOLLI, 6	1001/2110 A	Change	Addition
NAME	CATONI, RICARDO A		NAME	5225 Qu	20055 PM	HSCY	
STREET ADDRESS CITY-ST-ZIP	2828 CORAL WAY #400		STREET ADDRESS CITY-ST-ZIP	TAGON	1 22/4A	(,0)	
	CORAL GABLES, FL 33145	П		Aloui 4	$\frac{1}{1}$	Change	Addition
TITLE NAME	ALCALA, IRAIDES M	☐ Delete	TITLE NAME	MORA L	ENI ED M	• •	L_1 Addition
STREET ADDRESS	2828 CORAL WAY #400		STREET ADDRESS	5235 U/	A555 (A)	754	
CITY-ST-ZIP	CORAL GABLES, FL 33145		CITY-ST-ZIP	TOTAL	1. 33647		
TITLE		☐ Delete	TITLE	-		☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				F3
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME STREET ADDRESS				
STREET ADDRESS CHY-S1-ZIP			CITY-ST-ZIP				
		☐ Delete	TITLE			☐ Change	Addition
TITLE NAME		- Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TIFLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		O Flexista Otto 1 1	Contrar postilio stora de la	aformatic -
12. I hereby	certify that the information supplied with fon this report or supplemental report is	this filing does not qualify for true and accurate and that m	r the exemptions only signature shall h	ontained in Chapter 1 ave the same legal effe	ie, Florida Statules. I ect as if made under d	turther certify that the interpretation and an officer	or director
of the co	on this report or supplemental report is portation or the receiver or trustee empty, or on an attachment with an address.	owered to execute this report with all other like ampowered	as required by Cha	apter 607, Florida Statu	tes; and that my name	e appears in Block 10 o	r Block 11 if
changed	, or on an automnorit with an address,			~	1/02/0	(00)(00	6-2
SIGNAT	TURE: Maichest	Hicala HI_		<u> </u>	110410B	(RIS)14()	DOES