

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066581

FILED
Jan 19, 2009
Secretary of State

Entity Name: MAGIC CITY ENTERPRISES, INC.

Current Principal Place of Business:

401 NORTHWEST 38TH COURT
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350940
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 26-0347859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEMS, LORI K
401 NW 38TH COURT
MIAMI, FL 33126 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: P () Delete
Name: HAVENICK, BARBARA H
Address: 401 NW 38TH CT.
City-St-Zip: MIAMI, FL 33126

Title: VP () Delete
Name: HAVENICK, ISADORE
Address: 401 NW 38TH CT.
City-St-Zip: MIAMI, FL 33127

Title: VP () Delete
Name: HAVENICK, ALEX
Address: 401 NW 38TH CT.
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: WEEMS, LORI K
Address: 401 NW 38TH CT.
City-St-Zip: MIAMI, FL 33127

Title: EVP () Delete
Name: SAVIN, SCOTT
Address: 401 NW 38TH CT.
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: REITNAUER, LEON
Address: 401 NW 38TH CT.
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change () Addition
Name: HAVENICK, ALEX
Address: 401 NW 38TH CT.
City-St-Zip: MIAMI, FL 33127

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: ALEXANDER HAVENICK

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date