2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062452

Entity Name: MAGIC CUTLERY & FOOD EQUIPMENT, INC

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RIBUTION CO	DURT			
JNIT 8 DRLANDC), FL 32822				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4803 DISTRIBUTION COURT					
JNIT 8 DRLANDC), FL 32822				
El Number:	26-2891532	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Address	of New Registered Agent:	
12122 WO CLERMON The above		US	ourpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
SIGNATUF		nic Signature of Registered Ag	ont	 Date	
	ce with s. 607.19	03(2)(b), F.S., the corporation did no g Trust Fund Contribution ().		Suit	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: Dity-St-Zip:	O (TEJADA, HECT 12122 WOOD CLERMONT, F	GLEN CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: lddress: Dity-St-Zip:	O (GUTIERREZ, L 8318 LOST LA ORLANDO, FL	KE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	QUINTERO, O	SMITH DR APT 101	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HECTOR V TEJADA P 06/16/2009