

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000037235

**FILED**  
**Jun 30, 2010**  
**Secretary of State**

**Entity Name:** MAGICAL FLOWER & PRODUCE INC.

**Current Principal Place of Business:**

600 GOODLETTE RD  
SUITE 102  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

600 GOODLETTE RD  
SUITE 102  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASQUEZ, EDISON  
9180 PINAPPLE RD  
FORT MYERS, FL 33967    US

**Name and Address of New Registered Agent:**

ESPINEL, BILMA  
600 GOODLETTE RD. N.  
102  
NAPLES, FL 34102 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: BILMA ESPINEL

06/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ESPINEL, BILMA  
Address: 600 GOODLETTE RD. N. #102  
City-St-Zip: NAPLES, FL 34102

Title: VP  
Name: VASQUEZ, ANGEL  
Address: 600 GOODLETTE RD. N. #102  
City-St-Zip: NAPLES, FL 34102

Title: MKT  
Name: VASQUEZ, JOHANA  
Address: 600 GOODLETTE RD. N #102  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: ANGEL VASQUEZ

VP

06/30/2010

Electronic Signature of Signing Officer or Director

Date