## 2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P10000018698

Entity Name: MAGIC TWINS PRODUCTIONS INC

FILED Jul 27, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1298 N E 128TH STREET 1020 N E 129TH STREET

SUITE 16 SUITE 2

NORTH MIAMI, FL 33161 US NORTH MIAMI, FL 33161 US

Current Mailing Address: New Mailing Address:

1020 NE 129TH STREET, SUITE 1 1215 N E 128TH STREET

NORTH MIAMI, FL 33131 12 NORTH MIAMI, FL 33131 US

FEI Number: 35-2377684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JEAN BAPTISTE `, CARLINE THOMAS `, WILLIAM B
1212 NE 128TH STREET 14020 BISCAYNE BOULEVARD

NORTH MIAMI, FL 33161 US 202 NORTH MIAMI, FL 33161 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: WILLIAM B.THOMAS 07/27/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CMD

 Name:
 THOMAS, ROCK-ELIE

 Address:
 14115 N E 7TH AVENUE

 City-St-Zip:
 NORTH MIAMI, FL 33161 US

Title: CEO

Name: DESNORD, CLAIRE B

Address: 1298 N E 128TH STREET, APT 18 City-St-Zip: NORTH MIAMI, FL 33161

Title: TS

 Name:
 THOMAS, ROCK-ELIE

 Address:
 14115 N E 7TH AVENUE

 City-St-Zip:
 NORTH MIAMI, FL 33161 US

Title: ST

Name: DANJOUR, ANDROMAQUE
Address: 1298 N E 128TH STREET,APT 18
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: PS

Name: THOMAS, WILLIAM B

Address: 14020 BISCAYNE BOULEVARD, APT 202

City-St-Zip: NORTH MIAMI, FL 33181 US

Title: COO

Name: THOMAS, WILLIAM B

Address: 14020 BISCAYNE BOULEVARD,APT 202

City-St-Zip: NORTH MIAMI, FL 33181 US

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: ROCK-ELIE THOMAS CMD 07/27/2011