

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000044237

FILED  
Sep 22, 2011  
Secretary of State

**Entity Name:** ORLANDO MAGIC AUTO SALES, INC.

**Current Principal Place of Business:**

2913 MCCOY RD.  
BELLE ISLAND, FL 32812

**New Principal Place of Business:**

2913 MCCOY RD.  
BELLE ISLE, FL 32812

**Current Mailing Address:**

2913 MCCOY RD.  
BELLE ISLAND, FL 32812

**New Mailing Address:**

2913 MCCOY RD.  
BELLE ISLE, FL 32812

**FEI Number:** 27-2649305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHIAVONE, SCHIAVONE  
2204 SANTA LUCIA ST.,  
KISSIMMEE, FL 34743 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAISSI, ABDELAZIZ  
Address: 2204 SANTA LUCIA ST.  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP  
Name: SCHIAVONE, MIVIAN  
Address: 2204 SANTA LUCIA ST.  
City-St-Zip: KISSIMMEE, FL 34743

Title: S  
Name: ABDELAZIZ, RAISSI  
Address: 2204 SANTA LUCIA ST  
City-St-Zip: KISSIMMEE, FL 34743

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:** ABDELAZIZ RAISSI

P

09/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date