

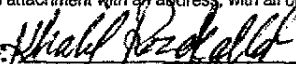


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000013730		
1. Entity Name MAGIC FOOD, INC.		
Principal Place of Business 6321 INTERNATIONAL DR ORLANDO, FL 32819	Mailing Address 6321 INTERNATIONAL DR ORLANDO, FL 32819	
DO NOT WRITE IN THIS SPACE		
		 01112007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3169666		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIAB, MOHAMMED 5931 AMERICAN WAY SUITE 201 ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000615945 02/07/07-80007-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAB, MOHAMMED PO BOX 690369 N/A ORLANDO, FL 32869	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REZEKALLAH, KHALIL 7639 APPLE TREE CIR ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIZKALLAH, KAMEEL 1023 PROVIDENCE LANE OVIEDO, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REZEHALLAH, SUHAILA 7639 APPLE TREE CT ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  Khalil Rezekallah		1-30-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>