## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 08:00 AM Secretary of State

	OCUMENT	#	P93000041889
4	Entity Margo		

Entity Name

MIRROR MAJIC OF POMPANO BEACH, INC.



US

Principal Place of Business

Mailing Address

500 NE 27TH ST

500 B NE 27 ST

POMPANO BCH., FL 33064

POMPANO BEACH, FL 33064



DO NOT WRITE IN THIS SPACE

02242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0499213

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLE, DAVID 500B N.E. 27 ST STE B

POMPANO BEACH, FL 33064

PΩ

VSD

HALLE, DAVID

5801 NW 3RD TERR

HALLE, PAULINE G

23 LITTLE HARBOR WAY

BOCA RATON, FL 334874322

DEERFIELD BEACH, FL 334413606

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.

10.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

 $\Box$ 

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

> U00000853480 03/26/08-80071-004 150.00

TITLE
NAME
SIREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 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 supplied with that I am an officer or director of the corporation or the receiver or trusteel 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-941-4009

Daylime Phor

Date

DAVID A. HALLE - PRESIDENT