2006 FOR PROFIT CORPORATION

FILED Mar 06. 2006 08:00 AM

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DOCUMENT # P9400006601 1. Entity Natrie MAGI CREATIONS, INC.						Secre	etary of S	tate
Principal Plac	on of Business			Ì				
Principal Place of Business Mailing Address					-			
7480 W COMMERCIAL BLVD 7480 W COMMERCIAL								
N LAUDERDALE, FL 33319 US N LAUDERDALE, FL 3				บร	Ì			
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								3333 2311 33 5
2. Principal Place of Business 3. Mailing Addre					i ! 		(20)/ 23/11 2 /1 1 1 /11 18/3 /11	838 8 5
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02072006	Chg-P	CR2E034 (11/05)		
L		<u> </u>		}	- City 1	O, 42204 (11/00)	_	
City & Stat	0	City & State		4. FEI Number		IA}	oplied For	
				65-0468	909	N	ot Applicable	
Zip	Country	Zip	Counts	ry			S8,75 Ad	ditional
		1	,		5. Certificate of	ł Status Desired	Fee Require	
	8. Name and Address of Current	Registered Apont			7. Name and A	ddress of New Ri	epistered Anent	
ļ				Name			<u>giota-iounidam</u>	
CHAKCHA	KOV, PINCHAS	· -	- {					
	OMMERCIAL BLVD	•	Γ	Street Address ((P.O. Box Number is Not Acceptable)			
	AUDERDALE, FL 33319	- '	-			···		
}			1					
{			}	City			Zip Cod	<u> </u>
}			1	City			FL Zip Cod	le l
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								
	tions of registered agent.		-		. •		· · · · · · · · · · · · · · · · · · ·	
}								
SIGNATURE.		7						
ļ	Signature, typed or printed name of agristered agent	and tile it productive (NOTE	Registered	Agent signature required	when rematatings		DATE	
1		5 5 5 5 5 5 5 5 5 5	·					i
FIL	E NOWIII FEE 15 \$150.00	9. Election Campai Trust Fund Contr			.00 May Be			
Atter M	ny 1, 2006 Fee will by \$550.	00 nustruma com	ioodan.	, C A00	ediorees			
10. OFFICERS AND DIRE		DIRECTORS	11.		ADDITIONS/C	HANGES TO DEFI	CERS AND DIRECTOR	S IN 11
TITLE	DPST Delete		RITE				☐ Change	☐ Addition
NAME	CHAKCHAKOV, MAGLIT	La Detete	NAME				_	C Nagricul
STREET ADDRESS	5341 N.W. 46 AVE			T ADDRESS	₩00000453 063		-	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		City-St-Zip			-03/17/06	80032-002 1	50.00
			Unit-	31-217				
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NAME	}		NAME	1				1
STREET ADDRESS			•	T ADDRESS				Ì
CITY-ST-IIP	<u> </u>		CIIY-	SI-ZIP				
12. I hereby	certify that the information supplied will	this filing does not qualify to	the exe	mptions contained	in Chapter 119.	Florida Statutes, t	further certify that the i	nformation
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emp, or on an attachment with an eddress,	S true and accurate and that n	ny signatt	ire shall have the : ad by Checter 507	same legal effect	as if made under o	ath; that I am an officer	or director
channed	or on an attachment with an address	with all other the empowered	adala	ar n'y arrapter our	, ו יייים בייייו ו	, who making name	abbasis iii Diber in a	·

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR