2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000076452

1. Entity Name
MAGIC WAND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
4260 NORTHWEST 192 STREET MIAMI, FL 33055	4260 NORTHWEST 192 STREET MIAMI, FL 33055

04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0528072
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALGOR, PAUL S
4260 NW 192 ST
MIAMI, FL 33055

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000119028
04/19/04-80083-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALAS, CARMEN U
STREET ADDRESS	4260 NW 192ND STREET
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	V
NAME	SALAS, CESAR
STREET ADDRESS	4260 NW 192ND STREET
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	S
NAME	SALAS, ARIANA
STREET ADDRESS	4260 NW 192ND STREET
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	T
NAME	OLIVA, MERCEDES
STREET ADDRESS	4260 NW 192ND STREET
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	S
NAME	CEPEDA, JOSE
STREET ADDRESS	4260 NW 192 STREET
CITY-ST-ZIP	OPA LOCKA, FL 33055
TITLE	
NAME	
STREET 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 exemption stated in Section 119.07(3)(i), 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: Carmen Salas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #