

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000076452

1. Entity Name
MAGIC WAND MAINTENANCE, INC.



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

Mailing Address
**4260 NORTHWEST 192 STREET
MIAMI, FL 33055**



04082005 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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**1100000304317
04/14/05-80038-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SALAS, CARMEN U
4260 NW 192ND STREET
MIAMI, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SALAS, CESAR
4260 NW 192ND STREET
MIAMI, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SALAS, ARIANA
4260 NW 192ND STREET
MIAMI, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OLIVA, MERCEDES
4260 NW 192ND STREET
MIAMI, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CEPEDA, JOSE
4260 NW 192 STREET
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)(f), 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 U. Salas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____