2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

P95000078005

1. Entity Name
MAGIC MONEY, INC.

Principal Place of Business	Mailing Address
4623 TRADEWINDS AVE LAUD. BY THE SEA, FL 33308	4623 TRADEWINDS AVE LAUD. BY THE SEA, FL 33308

01292004

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0762706
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

STOYKA, MICHAEL T
4623 TRADEWINDS AVE
LAUD. BY THE SEA, FL 33308

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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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOYKA, MICHAEL T
STREET ADDRESS	4623 TRADEWINDS AVE
CITY-ST-ZIP	LAUD. BY THE SEA, FL 33308
TITLE	VPST
NAME	STOYKA, MICHAEL T
STREET ADDRESS	4623 TRADEWINDS AVE
CITY-ST-ZIP	LAUD. BY THE SEA, FL 33308
TITLE	T
NAME	WENSEL, KEN
STREET ADDRESS	4623 W. TRADEWINDS AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80170-008 150.00

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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: _____ 4/20/04 561-542-3198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #