

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000009616

FILED
Jun 03, 2008
Secretary of State

Entity Name: MAGIC IMPORTS OF GAINESVILLE, INC.

Current Principal Place of Business:

1725 NORTH MAIN STREET
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

1725 NORTH MAIN STREET
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-3433006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, THOMAS A
623 NORTH MAIN STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAJALLI, HAMID
Address: 6245 NW 83RD DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: TAJALLI, HOMAYOUN
Address: 6520 NW 81ST BLVD
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TAJALLI, HAMID
Address: 6245 NW 83RD DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: SEC (X) Change () Addition
Name: TAJALLI, HOMAYOUN
Address: 6520 NW 81ST BLVD
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAMID TAJALLI

PRES

06/03/2008

Electronic Signature of Signing Officer or Director

Date