- 2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 15, 2005 08:00 A			
DOCU 1. Entity Nan MAGIC 7	MENT # P97000	0014478			Sec	retary	v of State
3421 N LAK STE 168	e of Business EVIEW DRIVE	Mailing Address 3421 N LAKEVIEW DRIVE STE 168			. *		
Tampa, Fl	33618 US	TAMPA, FL 33618 US					
-			~ F	04132005 N	o Chg-P	CR2E034 (10/03)
L	DO NOT WR	ITE IN THIS SPA	CE	4. FEI Number 59-343089	4		Applied For Not Applicable
				5. Certificate of Sta	tus Desired		75 Additional Required
	6. Name and Address of C	urrent Registered Agent		<u> </u>	en an		
WU, TON	GH -		<u> harden her her her her her her her her her her</u>				· · · · · · · · · · · · · · · · · · ·
3421 N LA	KEVIEW DRIVE			DO N			
STE 168 TAMPA, F	L 33618			IN TH	IS SP/	ACE	
8. The above	named entity submits this state	ment for the purpose of changing its register	ed office or register	ed agent, or both, in t	ne State of Flori	da. Lam famil	iar with, and accept
	named en <u>tity</u> submits this state tions of registered agent.	ment for the purpose of changing its register	ed office or register	ed agent, or both, in t	ne State of Flori	da. I am famil	iar with, and accept
	tions of registered agent,				ne State of Flori		iar with, and accept
the obligation			ed office or register		ne State of Flori	da. I am famit Date	iar with, and accept
the obligat SIGNATURE.	tions of registered agent,	ed agem and the * appacable. (NOTE: Register 9. Election Campaign Fina	id Agent signature required		ne State of Flori		iar with, and accept
the obligation of the obligati	Sonaure, special printed name of registered agent. Sonaure, special printed name of registe E NOW!!! FEE IS \$150. ay 1, 2005 Fee will be s OFFICER	ed agem and the * appacable. (NOTE: Register 9. Election Campaign Fina	id Agent signature required	when renotating) 00 May Be ad to Fees			iar with, and accept
the obliga SIGNATURE. FIL After M 10. 11LE	Sonaure, special printed name of registered agent. Sonaure, special printed name of registered E NOW!!! FEE IS \$150. ay 1, 2005 Fee will be s OFFICER D	ed agent and the # applicable. (NOTE: Register 00 5550.00 NOTE: Register 9. Election Campaign Fina Trust Fund Contribution.	id Agent signature required	when renshiting) OO May Be ad to Fees		DATE	
the obliga SIGNATURE. FIL After M 10. TITLE NAME STREET ADDRESS	Sonaure, special printed name of registered agent. Sonaure, special printed name of registe E NOW!!! FEE IS \$150. ay 1, 2005 Fee will be s OFFICER	ed agent and the # applicable. (NOTE: Register 9. Election Campaign Fina 7. Election Campaign Fina 7. Trust Fund Contribution. S AND DIRECTORS	id Agent signature required	when renshiting) OO May Be ad to Fees		DATE	iar with, and accept
the obligat SIGNATURE.	Sonaure, spector printed name of registered agent. Sonaure, spector printed name of registered E NOW!!! FEE IS \$150. ay 1, 2005 Fee will be 3 OFFICER D IGAUE, CHISATO 3421 N LAKEVIEW DR ST	ed agent and the # applicable. (NOTE: Register 9. Election Campaign Fina 7. Election Campaign Fina 7. Trust Fund Contribution. S AND DIRECTORS	id Agent signature required	when renshiting) OO May Be ad to Fees		DATE	

CITY: ST-ZP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP ክኪይ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

NAME STREET ADDRESS CITY-ST-ZiP

SIGNATURE:

TAMPA, FL 33618

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Daynme Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes 1 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 of 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 fike empowered Igane

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