

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000014478**

1. Entity Name  
**MAGIC 7, INC.**



Principal Place of Business  
**3421 N LAKEVIEW DRIVE  
STE 168  
TAMPA, FL 33618 US**

Mailing Address  
**3421 N LAKEVIEW DRIVE  
STE 168  
TAMPA, FL 33618 US**

**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3430894**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WU, TONG H  
3421 N LAKEVIEW DRIVE  
STE 168  
TAMPA, FL 33618**

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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 restate)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	IGAUE, CHISATO
STREET ADDRESS	3421 N LAKEVIEW DR STE 168
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	HUANG, PANNY
STREET ADDRESS	3421 N LAKEVIEW DRIVE STE 168
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000749634  
05/18/07-80031-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/07**

Date

**813-265-3957**

Daytime Phone #