


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000038721					
1. Entity Name RUST MAGIC, INC.					
Principal Place of Business 1343 W RIVER DRIVE MARGATE FL 33063			Mailing Address 1343 W RIVER DRIVE MARGATE FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0749807	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASPER, MICHAEL 1343 W RIVER DRIVE MARGATE FL 33063			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BOUGANIM, ALBERT		TITLE 1100000260280		
STREET ADDRESS 10188 182ND LN S	CITY- ST- ZIP BOCA RATON FL 33498		NAME 03/12/05-80018-014 150.00		
TITLE VTC	NAME CASPER, MICHAEL		STREET ADDRESS 		
STREET ADDRESS 1343 W RIVER DRIVE	CITY- ST- ZIP MARGATE FL 33063		CITY- ST- ZIP 		
TITLE 	NAME 		STREET ADDRESS 		
STREET ADDRESS 	CITY- ST- ZIP 		CITY- ST- ZIP 		
TITLE 	NAME 		STREET ADDRESS 		
STREET ADDRESS 	CITY- ST- ZIP 		CITY- ST- ZIP 		
TITLE 	NAME 		STREET ADDRESS 		
STREET ADDRESS 	CITY- ST- ZIP 		CITY- ST- ZIP 		
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: <i>Michael Casper</i> MICHAEL CASPER 3/3/05					