

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075082

Entity Name: BLUE MAGIC CORP.

FILED
Jun 06, 2005
Secretary of State

Current Principal Place of Business:

10504 SW 132 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

10504 SW 132 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0793421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABEZA, MANUEL E ESQ
800 DOUGLAS ROAD SUITE 351
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALVA, JOSE LUIS
Address: 8820 SW 104TH STREET
City-St-Zip: MIAMI, FL 33176

Title: VST () Delete
Name: ALVA, MARIA A
Address: 8820 SW 104TH STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ALVA, MARIA LUCIA
Address: 8820 SW 104TH STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ALVA, CARMEN CYNTHIA
Address: 8820 SW 104TH STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALVA, JOSE LUIS
Address: 10504 SW 132 CT
City-St-Zip: MIAMI, FL 33186

Title: VST (X) Change () Addition
Name: ALVA, MARIA A
Address: 10504 SW 132 CT
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: ALVA, MARIA LUCIA
Address: 10504 SW 132 CT
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: ALVA, CARMEN CYNTHIA
Address: 10504 SW 132 CT
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMEN CYNTHIA ALVA

D

06/06/2005

Electronic Signature of Signing Officer or Director

_____ Date