2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# P98000015981

Entity Name: MAGIC REHABILITATION CENTER INC.

Current Principal Place of Business:

4343 W FLAGLER ST., #502
MIAMI, FL 33134 US

New Principal Place of Business:

970 SW 1ST STREET #305
MIAMI, FL 33130 US

Current Mailing Address:

4343 W FLAGLER ST., #502
MIAMI, FL 33134 US

New Mailing Address:

970 SW 1ST STREET #305
MIAMI, FL 33130 US

FEI Number: 65-0813320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, ARTURO N
4343 W FLAGLER ST., #502
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

RAMOS, ARTURO N
970 SW 1ST STREET #305
MIAMI, FL 33130 US

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: ARTURO RAMOS 07/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: RAMOS, ARTURO N
Address: 4343 W FLAGLER ST., #502
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: RAMOS, ARTURO N
Address: 970 SW 1ST STREET #305
City-St-Zip: MIAMI, FL 33130 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTURO RAMOS P 07/06/2006
Electronic Signature of Signing Officer or Director Date