

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 029 ***150.00

DOCUMENT # P99000037543 1. Entity Name MIRROR MAGIC PROFESSIONAL MARBLE CARE, INC.					
Principal Place of Business 10649 BRIGHTON HILL CIR N JACKSONVILLE, FL 32256			Mailing Address 10649 BRIGHTON HILL CIR N JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 10673 BRIGHTON HILL CIR N		3. Mailing Address 10673 BRIGHTON HILL CIR N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3572955	
Zip 32256		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
- 6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMIREZ, DUVAN 10649 BRIGHTON HILL CIR N JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) 10673 BRIGHTON HILL CIR N City JACKSONVILLE FL Zip Code 32256		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, DUVAN 10649 BRIGHTON HILL CIR N JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ, DUVAN 10673 BRIGHTON HILL CIR N JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTOKA, MARIBEL 10649 BRIGHTON HILL CIR N JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONTOKA, MARIBEL 10673 BRIGHTON HILL CIR N JACKSONVILLE, FL 32256	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					