May-25-05 10:46A

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90002 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000110191

1. Entity Name
MAGIC POWER CLEANING SYSTEM, INC.

50053139

Principal Place of Business	Mailing Address
8670 NW 6 LANE APT #111 MIAMI, FL 33126	8670 NW 6 LANE APT #111 MIAMI, FL 33126

05252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14408 S.W. 115 TERR.	14408 S.W. 115 TERR
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 65-0969656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMUDIO, ORLANDO
8670 NW 6 LN #111
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: ZAMUDIO, ORLANDO
Street Address (P.O. Box Number is Not Acceptable): 14408 S.W. 115 TERR.
City: MIAMI FL Zip Code: 33186

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] 5/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMUDIO, OROANDO 8670 N.W 6 LN #111 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMUDIO, ORLANDO 14408 S.W. 115 TERRACE MIAMI, FL. 33186	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 5/25/05 786-3906629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #