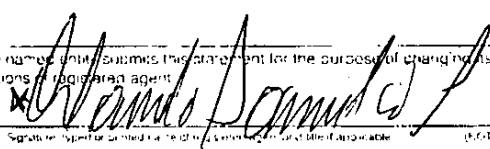
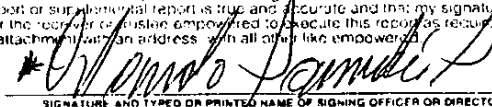


May-25-05 10:46A

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.			
Principal Place of Business 8670 NW 6 LANE APT #111 MIAMI, FL 33126		Mailing Address 8670 NW 6 LANE APT #111 MIAMI, FL 33126	
2. Principal Place of Business 14408 S.W. 115 TERR.		3. Mailing Address 14408 S.W. 115 TERR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33186		Zip 33186	
Country USA		Country USA	
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 		DATE 5/25/05	
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	
NAME PD ZAMUDIO, ORLANDO ☐ Delete		NAME PD ZAMUDIO, ORLANDO ☒ Change ☐ Addition	
STREET ADDRESS 8670 N.W. 6 LN #111		STREET ADDRESS 14408 S.W. 115 TERRACE	
CITY-STATE-ZIP MIAMI, FL 33126		CITY-STATE-ZIP MIAMI, FL 33186	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 person or persons 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: 		DATE: 5/25/05 786.3906629	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	