

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S92562

1. Entity Name
MAGIC FABRICATORS, INC.



Principal Place of Business
320 COMMERCIAL STREET
CASSELBERRY, FL 32707 US

Mailing Address
320 COMMERCIAL STREET
CASSELBERRY, FL 32707 US

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3091378

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QADRI, SYED MATEEN
320 COMMERCIAL STREET
CASSELBERRY, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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, 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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
QADRI, SYED MATEEN
320 COMMERCIAL ST
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
QADRI, SYEDA S
320 COMMERCIAL STREET
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
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NAME
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CITY - ST - ZIP

00000357132
05/04/05-80060-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Syed. Mateen Qadri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05
Date

(407)332-0722
Daytime Phone #