2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V31196

1. Entity Name
MAGIC MUFFLER INC.

Principal Place of Business	Mailing Address
625 N.E. 79TH STREET MIAMI, FL 33138	625 N.E. 79TH STREET MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

09062005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0326116	Applied For Not Applicable

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

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6. Name and Address of Current Registered Agent

CHACON, ERIK
625 N.E. 79TH STREET
MIAMI, FL 33138

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IN THIS SPACE

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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 $550.00 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHACON, ERIK
STREET ADDRESS	625 N.E. 79TH STREET
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Erik Chacon_   9-6-05   305 751 0663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #