


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90339 006 ***155.00

DOCUMENT # P01000109413

1. Entity Name
 16336 MIRA VISTA INC.



Principal Place of Business
 C/O LAW OFFICES OF SALLY N. SAWH, P.A.
 1054 KANE CONCOURSE
 BAY HARBOR ISLANDS, FL 33154

Mailing Address
 C/O LAW OFFICES OF SALLY N. SAWH, P.A.
 1054 KANE CONCOURSE
 BAY HARBOR ISLANDS, FL 33154



2. Principal Place of Business
 16336 Mira Vista Ln
 Suite, Apt. #, etc.

3. Mailing Address
 16336 Mira Vista Ln
 Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

4. FEI Number
 20-4444780

Applied For
 Not Applicable

City & State
 Delray Bch, FL

City & State
 Delray Bch, FL

Zip
 33446

Country
 USA

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

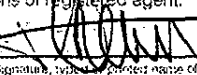
6. Name and Address of Current Registered Agent

SAWH, SALLY N
 C/O LAW OFFICES OF SALLY N. SAWH, P.A.
 1054 KANE CONCOURSE
 BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

Name - AKAR, Saglam
 Street Address (P.O. Box Number is Not Acceptable)
 16336 Mira Vista Ln
 City Delray Bch, FL Zip Code 33446

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:  Tumen Akar DATE: Apr. 26, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
P	AKAR, TUMEN	16336 MIRA VISTA LANE	DELRAY BEACH, FL 33446	<input type="checkbox"/>
S	AKAR, SAGLAM	16336 MIRA VISTA LANE	DELRAY BEACH, FL 33446	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  Tumen Akar DATE: 26 Apr. 2004 161498599

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime phone #