

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2004-90007-018-\$550.00-\$550.00


FILED

04 OCT 15 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0300009208

1. Entity Name
A. MICHELLE CORP.



Principal Place of Business
7154 SW 22ND ST
MIAMI, FL 33155

Mailing Address
7154 SW 22ND ST
MIAMI, FL 33155

2. Principal Place of Business
2500 SW 107TH AVE
Suite, Apt. #, etc.
SUITE # 26
City & State
MIAMI FLORIDA
Zip
33165
Country
USA

3. Mailing Address
2500 SW 107TH AVE
Suite, Apt. #, etc.
SUITE # 26
City & State
MIAMI FLORIDA
Zip
33165
Country
USA



4. FEI Number
51-0444554

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
AMARO, JUAN P
7154 SW 22ND ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name
JUAN P. AMARO
Street Address (P.O. Box Number is Not Acceptable)
8370 SW 65 AVE APT # 7
City
MIAMI FL
Zip Code
33143

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: *Juan P. Amaro* DATE: 07/06/04
Signature of person or persons authorized to register (NOTE: Registered Agent signature required when re-registering)

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

FILE NOW!!! - FEE IS \$550.00 Due by September 8, 2004

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMARO, JUAN P 7154 SW 22ND ST MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROCA, JULIO 7154 SW 22ND ST MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMARO JUAN P 8370 SW 65 AVE APT # 7 MIAMI FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROCA JULIO 8370 SW 65 AVE APT # 7 MIAMI FLORIDA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Juan P. Amaro* DATE: 07/06/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUAN P. AMARO

305-222-2246
Daytime Phone #