2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2007 08:00 A **DOCUMENT # P99000011888** Secretary of State 1. Entity Name WITOLD MYSKO, INC. Mailing Address Principal Place of Business 169 FLAGLER, SUITE 621 169 FLAGLER, SUITE 621 MIAMI, FL 33131 MIAMI, FL 33131 01042007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0896000 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TANEN, JEFFREY S ESQUIRE DO NOT WRITE ONE BISCAYNE TOWER, SUITE 3250 TWO SOUTH BISCAYNE BOULEVARD IN THIS SPACE MIAMI, FL 33131 8. The above named entity submits this statement for the ourpose 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MYSKO, WITOLD NAME STREET ADDRESS 169 E. FLAGLER STREET, SUITE 621 CITY-ST-ZIP MIAMI, FL 33131" TITLE 000000579561 01/10/07-80012-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE gele et 📡 🥫 Mati

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ≤

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Daytime Phone #

FILED