

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05793

FILED
Jan 28, 2004
Secretary of State

Entity Name: MICROSMART OF FLORIDA, INC.

Current Principal Place of Business:

MICRO SMART OF FLORIDA, INC.
6750 E ROGERS CIR
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

MICRO SMART OF FLORIDA, INC.
6750 E ROGERS CIR
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0227525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULDEN, MALCOLM D.
2515 NW 63RD ST
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GULDEN, MALCOLM D.,
Address: 2515 N.W. 63RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: VP (X) Delete
Name: GULDEN, NANCY G.
Address: 2515 NW 63RD ST
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM D. GULDEN

PRES

01/28/2004

Electronic Signature of Signing Officer or Director

_____ Date