

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 661178 1. Entity Name MIKLOR EQUITIES, INC.					
Principal Place of Business 745 FIFTH AVENUE #812 NEW YORK, NY 10151	Mailing Address 745 FIFTH AVENUE #812 NEW YORK, NY 10151				
DO NOT WRITE IN THIS SPACE					
					
01062004 No Chg-P CR2E034 (10/03)					
4. FEI Number 59-1990010	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Applied For</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">Not Applicable</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Applied For		Not Applicable	<input type="checkbox"/>
Applied For					
Not Applicable	<input type="checkbox"/>				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
VALDES-FAULI CORPORATE SERVICES, INC 777 SOUTH FLAGLER DRIVE SUITE 500E WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE				
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS BLOOMBERG, BETTY J 360 EAST 72ND STREET NEW YORK, NY				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LUBASH, LORNA L. 127 ERSKINE ROAD STAMFORD, CT				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT ETRA, LIONEL ESQ 825 EIGHTH AVENUE NEW YORK, NY 100197416				
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
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: <i>Betty J. Bloomberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-8-04 (212) 759-0016 <small>Date Daytime Phone #</small>				

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