


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90524 040 ***150.00

DOCUMENT # P02000068539

1. Entity Name
MYSAL ENTERPRISE, INC



Principal Place of Business
**14640 KRISTENRIGHT LANE
 ORLANDO, FL 32826 US**

Mailing Address
**14640 KRISTENRIGHT LANE
 ORLANDO, FL 32826 US**

34040961



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**VIBHAKAR, MAYUR
 14640 KRISTENRIGHT LANE
 ORLANDO, FL 32826**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**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	P	<input type="checkbox"/> Delete
NAME	VIBHAKAR, MAYUR	
STREET ADDRESS	14640 KRISTENRIGHT LANE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VIBHAKAR, ANUPAMA	
STREET ADDRESS	14640 KRISTENRIGHT LANE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	VIBHAKAR, SNEHLATA	
STREET ADDRESS	14640 KRISTENRIGHT LANE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIST MAJUR VIBHAKAR	
STREET ADDRESS	14640 KRISTENRIGHT LANE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJUR VIBHAKAR	
STREET ADDRESS	14640 KRISTENRIGHT LANE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJUR VIBHAKAR	
STREET ADDRESS	14640 KRISTENRIGHT LANE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MAYUR VIBHAKAR p 4/22/04 p 407-282-2918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #