

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 661178
 1. Entity Name
MIKLOR EQUITIES, INC.



Principal Place of Business Mailing Address
745 FIFTH AVENUE #812 **745 FIFTH AVENUE #812**
NEW YORK, NY 10151 **NEW YORK, NY 10151**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1990010 Not Applicable

5. Certificate of Status Desired **\$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 _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BLOOMBERG, BETTY J
STREET ADDRESS	360 EAST 72ND STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	PD
NAME	LUBASH, LORNA L.
STREET ADDRESS	127 ERSKINE ROAD
CITY-ST-ZIP	STAMFORD, CT
TITLE	DT
NAME	ETRA, LIONEL ESQ
STREET ADDRESS	825 EIGHTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 100197416
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000588365
 01/17/07-80069-015 150.00

DO NOT WRITE IN THIS SPACE

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: Betty J. Bloomberg **BETTY J. BLOOMBERG** 1-9-07 (212) 759-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #