
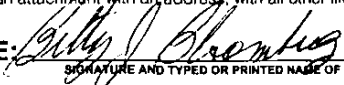


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90065 009 \*\*\*150.00

<b>DOCUMENT # 661178</b> 1. Entity Name <b>MIKLOR EQUITIES, INC.</b>			
Principal Place of Business <b>745 FIFTH AVENUE #812</b> <b>NEW YORK, NY 10151</b>		Mailing Address <b>745 FIFTH AVENUE #812</b> <b>NEW YORK, NY 10151</b>	
2. Principal Place of Business - No P.O. Box # <b>250 West 57th St.</b>		3. Mailing Address <b>250 West 57th St.</b>	
Suite, Apt. #, etc. <b>Suite 1023</b>		Suite, Apt. #, etc. <b>Suite 1023</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>	
Zip <b>10107</b>	Country	Zip <b>10107</b>	Country
4. FEI Number <b>59-1990010</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VALDES-FAULI CORPORATE SERVICES, INC.</b> <b>777 SOUTH FLAGLER DRIVE</b> <b>SUITE 500E</b> <b>WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete <b>BLOOMBERG, BETTY J</b> <b>360 EAST 72ND STREET</b> <b>NEW YORK, NY 10021</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>LUBASH, LORNA L.</b> <b>127 ERSKINE ROAD</b> <b>STAMFORD, CT 06903</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete <b>ETRA, LIONEL ESQ</b> <b>825 EIGHTH AVENUE</b> <b>NEW YORK, NY 100197416</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: 		<b>Betty J. Bloomberg</b> 1/08/2008 (212759-0016)	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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