


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

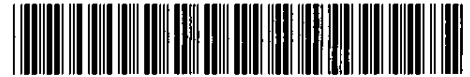
FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000011888

1. Entity Name
WITOLD MYSKO, INC.



Principal Place of Business Mailing Address
169 FLAGLER, SUITE 621 **169 FLAGLER, SUITE 621**
MIAMI FL 33131 **MIAMI FL 33131**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For
65-0896000 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent

TANEN, JEFFREY S ESQUIRE
ONE BISCAYNE TOWER, SUITE 3250
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MYSKO, WITOLD	
STREET ADDRESS	169 E. FLAGLER STREET, SUITE 621	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000816598
 02/14/08-80055-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **WITOLD MYSKO** 2/4/08 305/374 3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying no Phone #
PRESIDENT