## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 495341** 

Title:

Name:

Address:

City-St-Zip:

## FILED Mar 01, 2005 Secretary of State

Entity Name: MIKE INVESTMENT CORP.						
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
6423 COLLINS AVENUE APT. 806 MIAMI BEACH, FL 33141 US		6423 COLLIN: SUITE 806 MIAMI BEACH		US		
Current Mailing Address:			New Mailing	New Mailing Address:		
APT. 806	6423 COLLINS AVENUE APT. 806 MIAMI BEACH, FL 33141 US		SUITE 806	6423 COLLINS AVENUE SUITE 806 MIAMI BEACH, FL 33141 US		
FEI Number:	59-1759255	FEI Number Applied For ( )	FEI Number Not Applicat	ble()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Ac	Name and Address of New Registered Agent:		
JOHNS, LOUIS G CPA 9485 SUNSET DRIVE #A195 MIAMI, FL 33173 US			9485 SÚNSET A195	JOHNS, LOUIS G CPA 9485 SUNSET DRIVE A195 MIAMI, FL 33173 US		
The above in the State		bmits this statement for the pu	ırpose of changing its r	egistered offi	ce or registered agent, or both,	
SIGNATUR	RE:			03/01/2005		
	Electronic	Signature of Registered Ager	nt		Date	
Election Cam	paign Financing 1	Frust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BELLOSO, BLAN	NS AVE. APT. 806	Title: Name: Address: City-St-Zip:	()C	change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPS () D MUCHACO, MANU C/O 6423 COLLIN MIAMI BEACH, FI	NS AVE.	Title: Name: Address: City-St-Zip:	()C	hange ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () D MUCHAHO, ALEX C/O 6423 COLLIN MIAMI BEACH, FI	NS AVE.	Title: Name: Address: City-St-Zip:	()C	change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPS () D MUCHACHO, MIG 6423 COLLINS A' MIAMI BEACH, FI	VE. APT - 806	Title: Name: Address: City-St-Zip:	( ) C	change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LOUIS G. JOHNS, CPA **RAGT** 03/01/2005

( ) Delete

6423 COLLINS AVE. APT - 806

MUCHACHO, TATIANA B.

MIAMI BEACH, FL

() Change () Addition