


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 545994</b> 1. Entity Name <b>MICKEY-MATICS, INCORPORATED.</b>	
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Principal Place of Business <b>12550 S. MILITARY TRAIL BOYNTON BCH, FL 33436 US</b>	Mailing Address <b>4508 SW 28TH TERRACE FT LAUDERDALE, FL 33312 US</b>
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02252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2292213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PHILLIPS, JANET 8741 NW 57TH ST. TAMARAC, FL 33351</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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
NAME	MILLER, MICHAEL
STREET ADDRESS	4805 SW 28 TERRACE
CITY- ST- ZIP	FT LAUDERDALE, FL 33312
TITLE	S
NAME	MILLER, CHERYL
STREET ADDRESS	4805 SW 28 TERRACE
CITY- ST- ZIP	FT LAUDERDALE, FL 33312
TITLE	VP
NAME	MILLER, ALLEN
STREET ADDRESS	6851 NW 84 STREET
CITY- ST- ZIP	TAMARAC, FL 33321
TITLE	T
NAME	MILLER, JONATHAN
STREET ADDRESS	4508 SW 28 TERRACE
CITY- ST- ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/23/05-80028-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cheryl Miller **CHERYL MILLER** 2/25/05 561-637-1143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #