
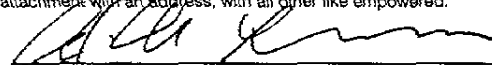


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 550935 1. Entity Name MICHRON INCORPORATED		
Principal Place of Business 3489 GRIFFIN ROAD FT. LAUDERDALE, FL 33312 US		Mailing Address C/O R.L. LEVY 9704 SILLS DRIVE EAST STE 203 BOYNTON BEACH, FL 33437 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DELUCA, AL 3489 GRIFFIN ROAD FORT LAUDERDALE, FL 33312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	DELUCA, AL	
STREET ADDRESS	11448 LAKEVIEW DRIVE	
CITY - ST - ZIP	CORAL SPRINGS, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		01/08/04 946-7703 <small>Date Daytime Phone #</small>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1776325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/13/04-80052-010 150.00