


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 555577
1. Entity Name
MICAM INDUSTRIES, INC.



Principal Place of Business Mailing Address
2700 W ATLANTIC BLVD #200-45 2700 W ATLANTIC BLVD #200-45
POMPANO BCH, FL 33069 US POMPANO BCH, FL 33069 US

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1779857 Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL J MARINELLI
2700 W ATLANTIC BLVD #200-45
POMPANO BCH, FL 33069

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO MARINELLI, A. M. 2700 W ATLANTIC BLVD #200-45 POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARINELLI, MARIAN 2700 W ATLANTIC BLVD #200-45 POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARINELLI, M J 2700 W ATLANTIC BLVD #200-45 POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/03/04-80004-002 150.00

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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)(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: *Michael J. Marinelli* **MICHAEL J. MARINELLI** 1/30/04 954-968-0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #