

**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  
**2700 W ATLANTIC BLVD #200-45  
POMPANO BCH, FL 33069 US**

Mailing Address  
**2700 W ATLANTIC BLVD #200-45  
POMPANO BCH, FL 33069 US**

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1779857**

Applied For  
☐ 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000026349  
02/03/04-80004-002 150.00

**DO NOT WRITE  
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 #