2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582986

Entity Name: MICA CITY INC.

1130 NE 18 AVE #1

FORT LAUDERDALE, FL 33304 US

Address: City-St-Zip: FILED Apr 23, 2008 Secretary of State

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Current Principal Place of Business:		New Principal Place of I	New Principal Place of Business:	
	RTH POWERLINE ROAD DPARK, FL 33309 US	3561 POWERLINE ROAD OAKLAND PARK, FL 333		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	NINTH TERRACE) PARK, FL 33309 US	3561 POWERLINE ROAL OAKLAND PARK, FL 333		
FEI Number	: 59-1901024 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
FISCH, MAX 1130 NE 18TH AVE FT LAUDERDALE, FL 33304 US		FISCH, MAX 1130 NE 18TH AVE #3 FT LAUDERDALE, FL 33	1130 NE 18TH AVE	
	named entity submits this statement for the e of Florida.	e purpose of changing its registered of	fice or registered agent, or both,	
SIGNATUI	RE:		04/23/2008	
	Electronic Signature of Registered A	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete FISCH, MAX, 1130 NE 18 AVENUE, #3 FORT LAUDERDALE, FL 33304 US	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () Delete RYAN, MARTHA K 351 NW 42 AVENUE COCONUT CREEK, FL 33066 US	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	T () Delete REINHARD, POSCH	Title: () Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: MAX FISCH PD 04/23/2008