


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/29/

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90273 006 \*\*\*150.00

<b>DOCUMENT # F03000003421</b>					
1. Entity Name <b>MIM MEYERS INTERIORS, INC.</b>					
Principal Place of Business <b>7879 SAN ISIDRO ST. BOYNTON BEACH, FL 33437</b>			Mailing Address <b>7879 SAN ISIDRO ST. BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03102004 Chg-P CR2E034 (10/03) 4. <del>FE</del> <b>23-2570730</b> Applied For Not Applicable	
<b>Palm Beach</b>		<b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MEYERS, MIRIAM</b> <b>7879 SAN ISIDRO ST.</b> <b>BOYNTON BEACH, FL 33437</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 <u><i>Miriam Meyers</i></u> <b>4-3-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEYERS, MIRIAM</b>		NAME		
STREET ADDRESS	<b>7879 SAN ISIDRO ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEYERS, DONALD</b>		NAME	<b>MEYERS, DONALD</b>	
STREET ADDRESS	<b>7879 SAN ISIDRO ST</b>		STREET ADDRESS	<b>7879 SAN ISIDRO ST.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Miriam Meyers</i></u> <b>MEYERS</b>			<b>4-3-04</b> <b>561-742-7272</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		