2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F04000001161

1. Entity Name

A. MITTELMARK SALES CO., INC.



Principal Place of Business

7649 CAPRIO DR BOYNTON BEACH, FL 33437 Mailing Address

7649 CAPRIO DR

BOYNTON BEACH, FL 33437

FILED Mar 07, 2008 08:00 AN Secretary of State



DO	NOT	WRITE	IN	THIS	SPA	CE
----	-----	-------	----	-------------	-----	----

*	(\$.); BIBII BB: BB BB		
02142008	No Cha-P	CB2E034 (11/05)	

4. FEI Number		Applied For
11-2943409		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MITTELMARK, ALLAN 7649 CAPRIO DR BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

			,	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	fice or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE				
0.0	Signature, typed or printed name of registered agent and title if	Papplicable (NOTE Registered Ager	nt signature required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MITTELMARK, ALLAN 7649 CAPRIO DR BOYNTON BEACH, FL 33437			U00000850340 03/24/08-80002-015 150.00
NAME STREET ADDRESS CITY-ST-ZIP				337 247 00 00002 013 130100
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental repert 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 trystee embowered 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, but hall plate like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR