2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 08:00 AM **Secretary of State** DOCUMENT # F76491 1. Entity Name MIAMI INTERNATIONAL SPICE CO. Principal Place of Business Mailing Address % MARK SINGER % MARK SINGER 295 NE 59 TERR. MIAMI, FL 33137 295 NE 59 TERR. MIAMI, FL 33137 No Chg-P CR2E034 (10/03) 02032004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2203990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SINGER, MARK 295 NE 59 TERR. IN THIS SPACE MIAMI, FL 33137 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME SINGER, MARK 295 NE 59 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 ental 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. 12. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment yit

SIGNATURE:

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

Date