


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90012 016 ***150.00

DOCUMENT # F76491 1. Entity Name MIAMI INTERNATIONAL SPICE CO.	
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20063135



07052005 Chg-P CR2E034 (10/03)

Principal Place of Business % MARK SINGER 295 NE 59 TERR. MIAMI, FL 33137	Mailing Address % MARK SINGER 295 NE 59 TERR. MIAMI, FL 33137
2. Principal Place of Business 8995 NW 41 St. Suite, Apt. #, etc.	3. Mailing Address 8995 NW 41 St. Suite, Apt. #, etc.

City & State Hollywood, FL	City & State Hollywood, FL
Zip 33024	Zip 33024
Country USA	Country USA

4. FEI Number 59-2203990	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SINGER, MARK 295 NE 59 TERR. MIAMI, FL 33137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8995 NW 41 Street City Hollywood FL Zip Code 33024
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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)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, MARK 295 NE 59 TERR. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8995 NW 41 St. Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: 	DATE: 7/9/5	DAYTIME PHONE: 806
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