


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90007 015 \*\*\*150.00

<b>DOCUMENT # G26930</b> 1. Entity Name <b>M. MISTOU &amp; CO., INC.</b>			
Principal Place of Business <b>617 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301</b> <i>2900 W Sample Rd Pompano Beach 33073</i>		Mailing Address <b>617 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301</b>	
2. Principal Place of Business <b>2900 W. Sample Rd</b> Suite, Apt. #, etc. <b>Festival # 3531</b> City & State <b>Pompano Bch, Fl.</b> Zip <b>33073</b>		3. Mailing Address <b>2900 W. Sample Rd</b> Suite, Apt. #, etc. <b>Festival # 3531</b> City & State <b>Pompano Bch, Fl.</b> Zip <b>33073</b>	
4. FEI Number <b>59-2362886</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FOLIES, PARIS</b> <b>617 EAST LAS OLAS BLVD.</b> <b>FT. LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2900 W. Sample Road</b> <b>Festival # 3531</b> City <b>Pompano Bch</b> <b>FL</b> Zip Code <b>33073</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P <b>MISTOU, EMMA</b> <b>617 E. LAS OLAS BLVD.</b> <b>FT. LAUDERDALE, FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>2900 W. Sample Rd</b> <b>Festival # 3531</b> <b>Pompano Bch, Fl. 33073</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>03/15/06</b> Daytime Phone # _____	