FILED
Aug 05, 2003 8:00 am
Secretary of State

07-17-2003 90034 029 ***150.00

7/1

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G26930

55053256

[redacted]

1. Entity Name
M. MISTOU & CO., INC.

Principal Place of Business	Mailing Address
617 EAST LAS OLAS BLVD.	617 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301	FT. LAUDERDALE FL 33301

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
617 E Las olas Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort lauderdale	City & State
Zip: 33301 Country: FL	Zip Country

4. FEI Number 59-2362886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOLIES, PARIS	Name
617 EAST LAS OLAS BLVD.	Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33301	City FL 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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MISTOU, EMMA	NAME	
STREET ADDRESS	617 E. LAS OLAS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/03)

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: SIGNATURE REQUIRED 07 15 03 954 463 7153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

617 E. Las Olas Blvd
Fort Lauderdale, FL. 33301

COPY

Mistou & Co, Inc.

July 10, 2003

55053254
#624930

Division Of Corporation
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir or Madam:

Please find enclosed my 2003 annual report. I have no record of receiving the first notice of annual report for 2003 and just received this form.

In light of these circumstances, I would appreciate that you wave the late payment penalty.

Sincerely,

Emma Mistou
President

Please Help me I never received the report this year So why I did not found on Times - I am your custum for 20 years never that Happen to me - So please cancel my Penalty

Emma Mistou