
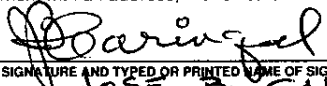


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90270 017 \*\*\*150.00

<b>DOCUMENT # H48954</b> 1. Entity Name <b>MIACON, INC.</b>					
Principal Place of Business <b>% GRACE P. CARINGAL</b> <b>5518 22ND AVE. N.</b> <b>ST. PETERSBURG FL 33710</b>			Mailing Address <b>% GRACE P. CARINGAL</b> <b>5518 22ND AVE., N.</b> <b>ST. PETERSBURG FL 33710</b>		
2. Principal Place of Business <b>3616 49th ST N</b> Suite, Apt. #, etc.		3. Mailing Address <b>13449 PERIWINKLE AVE.</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG, FL</b> Zip <b>33710</b>		City & State <b>SEMINOLE, FL</b> Zip <b>33776</b>		4. FEI Number <b>27-5362155</b>	
Country <b>PINELLAS</b>		Country <b>PINELLAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARINGAL, GRACE P.</b> <b>5518 22ND AVENUE NORTH</b> <b>ST. PETERSBURG FL 33710</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>CARINGAL, JOSE B.</b> STREET ADDRESS <b>5518 22ND AVENUE N.</b> CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>CARINGAL, JOSE B.</b> STREET ADDRESS <b>13449 PERIWINKLE AVE</b> CITY-ST-ZIP <b>SEMINOLE, FL 33776</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>CARINGAL, GRACE P.</b> STREET ADDRESS <b>5518 22ND AVENUE N.</b> CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	<input type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>CARINGAL, GRACE P.</b> STREET ADDRESS <b>13449 PERIWINKLE AVE</b> CITY-ST-ZIP <b>SEMINOLE, FL 33776</b>	<input checked="" 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 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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOSE B. CARINGAL</b>			Date <b>4-10-04</b>		
			Daytime Phone # <b>727 398-4333</b>		