


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91279 018 \*\*\*158.75

<b>DOCUMENT # H97825</b> 1. Entity Name <b>MIKE LEVIN NUMISMATISTS, INC.</b>					
Principal Place of Business <b>3790 COCO LOBA LANE</b> <b>BOYNTON BEACH FL 33436</b> <b>US</b>			Mailing Address <b>PO BOX 3736</b> <b>BOYNTON BEACH FL 33424</b> <b>US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEVIN, MICHAEL</b> <b>3790 COCO LOBA LANE</b> <b>BOYNTON BEACH FL 33436</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST		TITLE		<input type="checkbox"/> Delete
NAME	LEVIN, MICHAEL		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3790 COCO LOBA LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE	P		TITLE		<input type="checkbox"/> Delete
NAME	LEVIN, BRENDA M		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3790 COCO LOBA LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Delete
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Delete
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Delete
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Delete
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			4/22/04 561-742-5775 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

J4042737



MOORE CR2E034 (11/03)

4. FEI Number **59-2637831** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**FL** Zip Code