2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J51831

MICAR ENTERPRISES, INC.

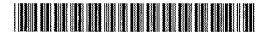


Principal Place of Business

% MICHAEL J. MARCUS 317 N. KROME AVE HOMESTEAD, FL 33030 Mailing Address

% MICHAEL J. MARCUS 317 N. KROME AVE HOMESTEAD, FL 33030

FILED Mar 11, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number

59-2780536

Not Applicable

5. Cartificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered egent and title it applicable.

MARCUS, MICHAEL J. 317 N. KROME AVE HOMESTEAD, FL 33030

SIGNATURE

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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.	

(FIOTE Registered Agent signature required when reli-stating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000084821

03/11/04-80023-006 150.00

10. OFFICERS AND DIRECTORS TITLE D NAME MARCUS, MICHAEL J. STREET ADDRESS 317 N. KROME AVE CITY - ST - ZIP HOMESTEAD, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZAP THEE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYP