


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 032 ***158.75

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|--|---|--|--|---|--|
| DOCUMENT # K62619 1. Entity Name MIELBRIV ENTERPRISES, INC. | | | |  | |
| Principal Place of Business % MICHAEL SEURATTAN 10733 N.W. 7TH AVE MIAMI, FL 33168 | | | Mailing Address % MICHAEL SEURATTAN 10733 N.W. 7TH AVE MIAMI, FL 33168 | | |
| 2. Principal Place of Business - No P.O. Box # 661 NW 111 Street Suite, Apt. #, etc. | | 3. Mailing Address 661 NW 111 Street Suite, Apt. #, etc. | | | |
| City & State Miami, FL | | City & State Miami, FL | | | |
| Zip 33168 | Country USA | Zip 33168 | Country USA | 4. FEI Number 65-0097191 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SEURATTAN, MICHAEL 10733 N.W. 7TH AVE MIAMI, FL 33168 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 661 NW 111 Street City Miami FL Zip Code 33168 | | |
| 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 <u><i>Michael Seurattan</i></u> Michael SEURATTAN 1/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SEURATTAN, MICHAEL 661 NW 111TH ST MIAMI, FL 33168 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEURATTAN, MICHAEL 19453 NW 62ND PL MIAMI, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEURATTAN, IVAN ANDREW 661 NW 111TH ST MIAMI, FL 33168 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEURATTAN, BRIAN A. 661 NW 111TH ST MIAMI, FL 33168 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARJON, KENNETH 19453 NW 62ND PL MIAMI, FL | <input type="checkbox"/> Delete | | | |
| 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: <u><i>Michael Seurattan</i></u> Michael SEURATTAN 01/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |