

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90010 028 ***150.00

DOCUMENT # L05649

1. Entity Name

MICHEL-LEE ENTERPRISES, INC.



Principal Place of Business

898 N FEDERAL HWY
POMPAÑO BEACH FL 33062

Mailing Address

898 N FEDERAL HWY
POMPAÑO BEACH FL 33062
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6354 N.W. 72nd PL.

Suite, Apt. #, etc.

City & State

PARKLAND FL.

Zip

Country

Zip

33067

Country

USA

4. FEI Number

65-0135855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ELIA, BRIAN
601 N FEDERAL HWY
POMPAÑO BEACH FL 33062

7. Name and Address of New Registered Agent

Name D'ELIA, BRIAN

Street Address (P.O. Box Number is Not Acceptable)

6354 N.W. 72nd PL.

City PARKLAND

FL

Zip Code

33067

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

Brian D'Elia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-5-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

TITLE PTD ☐ Delete
NAME D'ELIA, BRIAN
STREET ADDRESS 6354 NW 72ND PL.
CITY-ST-ZIP PARKLAND FL

TITLE VSD ☐ Delete
NAME D'ELIA, MICHELE
STREET ADDRESS 6354 NW 72ND PL.
CITY-ST-ZIP PARKLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Brian D'Elia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04 954-7826110

Date

Daytime Phone #