

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L25767

1. Entity Name
MIP MANAGEMENT CORPORATION



Principal Place of Business
4411 BEACON CIRCLE
STE 1B
WEST PALM BEACH, FL 33407 US

Mailing Address
4411 BEACON CIRCLE
STE 1B
WEST PALM BEACH, FL 33407 US

FILED
04 MAY -5 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1235 Winding Oaks Circle (same)

3. Mailing Address
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
Vero Beach FL

City & State
Vero Beach FL

4. FEI Number
36-3670831

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

6. Name and Address of Current Registered Agent
BRION, JACQUES
4411 BEACON CIRCLE
STE 1B
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1235 Winding Oaks Circle
City
Vero Beach FL Zip Code
32963

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRION, JACQUES		NAME		
STREET ADDRESS	4411 BEACON CIRCLE STE 1B		STREET ADDRESS	1235 Winding Oaks Circle	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	Vero Beach FL 32963	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04