


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L96751 1. Entity Name MIT PRODUCTS & SERVICE, INC.		
Principal Place of Business 12605 NW 7 STREET MIAMI, FL 33182 US		Mailing Address 12605 NW 7 STREET MIAMI, FL 33182 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent YELISSA CASTELLO FERNANDEZ 12605 N.W. 7TH ST MIAMI, FL 33182		DO NOT WRITE IN THIS SPACE
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) D/TE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS YELISSA CASTELLO FERNANDEZ 12605 N.W. 7TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAFAEL A MOREL 12605 N.W. 7TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELISSA B MOREL 12605 N.W. 7TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOREL, JUAN J. 12605 NW 7TH STREET MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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		U000000321679 04/21/05-80086-021 150.00 DO NOT WRITE IN THIS SPACE 4/18/05 (305) 225-2627 Date Daytime Phone #