2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # M05238 1. Entity Name 04-19-2004 90314 046 ***150.00 MIVASAN CORPORATION Principal Place of Business 228 S COCONUT LANE MIAMI BEACH FL 33139 US 228 S COCONUT LANE MIAMI BEACH FL 33139 كالماقي الأسامية ويسورنكه إر 2. Principal Place of Business 1356 S.W. 8th STREET 3. Mailing Address 1356 S.W. 8th STREET Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) #204 #204 City & State MIAMI, FL City & State 4. FEI Number Applied For 59-2474112 MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAISMAN, DANIEL VAISMAN, DANIEL 228 S COCONUT LANE MIAMI DEACH FL 33139 City M(AM) 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. DANIEL VAISMAN, PRESIDENT Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITI F ☐ Addition VAISMAN, DANIEL 1356 S.W. 8th STREET, #204 MIAMI, FL 33135 VAISMAN, DÁNIEL 228 S COCONUT LANE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-7IP CITY-ST-7IP MIAMI ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition 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.

FILED