2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M14571

1. Entity Name

MITCHELL RYAN, INC.

Principal Place of Business	Mailing Address
1855 GRIFFIN RD B-358	1855 GRIFFIN RD B-358
DANIA, FL 33004	DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

94058029

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2528201	Not Applicable

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

6. Name and Address of Current Registered Agent

ATLAS, IAN
700 S.E. 3RD AVE.
SUITE 300
FT. LAUDERDALE, FL 33316

John Passariello
6466 N.W. 5th Way
Fort Lauderdale
Florida 33309

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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

TITLE	PD
NAME	CUMBELICH, BARBARA
STREET ADDRESS	1216 S.E. 13TH TERR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SVD
NAME	FASILIS, ROBERTA
STREET ADDRESS	2100 S OCEAN DR
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Barbara Cumbelich*   954-921-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #