


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|  |   |
|--|---|
| <b>DOCUMENT # M27390</b><br>1. Entity Name<br>MITCHELL INTERNATIONAL, INC. |  |
|--|---|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -1 PM 3:07

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 820515<br>SOUTH FLORIDA, FL 33082 | Mailing Address<br>P.O. BOX 820515<br>SOUTH FLORIDA, FL 33082 |
|---|---|



09302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>59-2639334   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>TJIN A DJIE, MITCHELL BRYON<br>16427 ERIE PLACE<br>DAVIE, FL 33331 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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.

800041562148  
10/04/04--01021--005 \*\*150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TJIN A DJIE, MITCHELL B.<br>16427 ERIE PLACE<br>DAVIE, FL 33331 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TJIN A DJIE, STEVEN<br>16427 ERIE PLACE<br>DAVIE, FL 33331     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>TJIN A DJIE, VINCENT<br>16427 ERIE PLACE<br>DAVIE, FL 33331    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TJIN A DJIE, MILTON<br>16427 ERIE PLACE<br>DAVIE, FL 33331      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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: M. Tjin A Djie MITCHELL TJIN A DJIE 09-28-04 680-3866 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1061

DEAR SIR / MADAM, I<sup>st</sup>

I HEREBY KINDLY REQUEST A WAIVER OF THE LATE DUE TO THE FACT THAT I DID ATTEMPT TO FILE BUT THAT FOR SOME REASON THE PAYMENT WAS NOT PROCESSED. HOWEVER, I DID CALL TO THE DIVISION OF CORPORATIONS AND I WAS ADVISED TO REQUEST THIS WAIVER IN WRITING. FURTHERMORE, NEXT TIME I WILL MAKE SURE THAT I RECEIVE THE INFORMATION. SINCERELY YOURS,

Mitchell