

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M30631

**FILED**  
**Feb 11, 2009**  
**Secretary of State**

**Entity Name:** MIKON FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

6405 N.W. 36 ST.  
SUITE 117  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 661104  
MIAMI SPRINGS, FL 33266 US

**New Mailing Address:**

**FEI Number:** 59-2671606      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPOTE, RICHARD  
6405 N.W. 36 ST.  
STE 117  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAPOTE, JUAN CARLOS,  
Address: 501 PALMETTO DR.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP ( ) Delete  
Name: CAPOTE, RICHARD  
Address: 1078 HUNTING LODGE DR.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: STD ( ) Delete  
Name: CAPOTE, PEDRO MARIO,  
Address: 6141 N.W. 40 TERR.  
City-St-Zip: VIRGINIA GARDEN, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD CAPOTE

VP

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date