

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90521 001 ****61.25
05-24-2004 90521 002 ****8.75

DOCUMENT # N03000009657	
1. Entity Name MISSION FIELDS INTERNATIONAL, INC.	

Principal Place of Business PO BOX 403023 MIAMI BCH, FL 33140	Mailing Address PO BOX 403023 MIAMI BCH, FL 33140
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66423920



2. Principal Place of Business 801 Brickell Avenue		3. Mailing Address	
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33131	Country USA	Zip	Country

05092004 Chg-NP CR2E037 (10/03)

4. FEI Number 35-2213145		☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRKWOOD, LEAH 13751 NW 4 ST STE D-305 PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Leah Kirkwood Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Avenue Suite 900 City Miami FL Zip Code 33131	
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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 *Leah Kirkwood, President* DATE *May 18, 2004*

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KIRKWOOD, LEAH 13751 NW 4 ST STE D-305 PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and C.E.O. Leah Kirkwood 801 Brickell Avenue Ste. 900 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KIRKWOOD, VIVIAN 13751 NW 4 ST D-305 PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Director Vivian Kirkwood 801 Brickell Avenue Ste. 900 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT AWOYEMI, JAIYE 455 41 ST MIAMI, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer and Treasurer Jaiye Awoyemi 801 Brickell Avenue Ste. 900 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AWOYEMI, JAIYE 455 41 ST MIAMI, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jaiye Awoyemi 801 Brickell Avenue Ste. 900 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KIRKWOOD, JAMES 4032 JOHNSON ST GARY, IN 46408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, JOHN JR 455 41 ST MIAMI, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Woods Jr. 801 Brickell Avenue Ste. 900 Miami, FL 33131 ☒ Change ☐ Addition

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 617, 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 life empowered.

SIGNATURE: *Leah Kirkwood* DATE *May 18, 2004* (305) 249-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR