


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90012 022 \*\*\*550.00

|   |   |
|---|---|
| <b>DOCUMENT # P00000022928</b>                        |  |
| 1. Entity Name<br>MICHAELS TECHNOLOGY & DESIGNS, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>17244 HAMPTON BLVD<br>BOCA RATON, FL 33496 | Mailing Address<br>17244 HAMPTON BLVD<br>BOCA RATON, FL 33496 |
|---|---|

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|--|--|
| 2. Principal Place of Business<br>16281 VIA VENETIA E<br>Suite, Apt. #, etc. | 3. Mailing Address<br>16281 VIA VENETIA E<br>Suite, Apt. #, etc. |
|--|--|

07102004 Chg-P CR2E034 (10/03)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>DELRAY BEACH, FL | City & State<br>DELRAY BEACH, FL |
| Zip<br>33484                     | Zip<br>33484                     |
| Country<br>USA                   | Country<br>USA                   |

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0988942  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>MICHAELS, ALENA<br>17244 HAMPTON BLVD<br>BOCA RATON, FL 33496 |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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 *Alena Michaels* DATE 07/10/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MICHAELS, ALENA<br>17244 HAMPTON BLVD<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 16281 VIA VENETIA E<br>DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Alena Michaels* DATE 07/10/04 DAYTIME PHONE # 561 865 4206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

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# P000 00022928

**To receive a form by mail:**

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

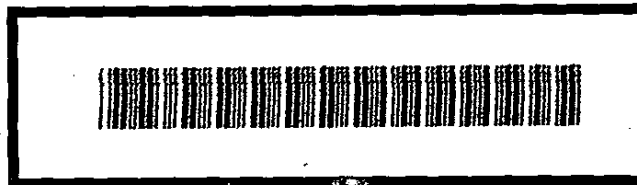


P00000022928

MICHAELS TECHNOLOGY & DESIGNS, INC.  
17244 HAMPTON BLVD  
BOCA RATON FL 33486-3013

**Change of Address**

*Michaels Technology & Des.*  
*16281 Via Venetia E*  
*Delray Beach, FL 33484*



CR2E095 10/03