

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90006 014 ***150.00

DOCUMENT # P00000030886

1. Entity Name
MIKEY'S CARIBBEAN ONE STOP, INC.



Principal Place of Business
3131 N.W. 43RD STREET
LAUDERDALE LAKES, FL 33309

Mailing Address
3131 N.W. 43RD STREET
LAUDERDALE LAKES, FL 33309

44052187



2. Principal Place of Business 4089 N.W. 31st Ave Suite, Apt. #, etc. Lauderlake Lakes City & State Ft. Lauderdale, 33309 Zip Country USA		3. Mailing Address 4809 N.W. 31st Ave Suite, Apt. #, etc. Lauderlake Lakes City & State Florida Zip 33309 Country USA	
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08092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0996524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PEARSON, LEONARD
3131 N.W. 43RD STREET
LAUDERDALE LAKES, FL 33309

7. Name and Address of New Registered Agent	
Name Luth Linerpool	
Street Address (P.O. Box Number is Not Acceptable) 4974 N. W. Community Dr	
City Lauderhill	Zip Code 33357
State FL	

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 Luth Linerpool DATE 8-15-04
(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARSON, LEONARD 3131 N.W. 43RD STREET LAUDERDALE LAKES, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Leonard Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8-18-04 Daytime Phone # (954) 746-5011