2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030886

Name:

Address:

City-St-Zip:

PEARSON, TERRY-ANN S

LAUDERDALE LAKES, FL 33309

4089 NW 31ST AVE

FILED Apr 27, 2009 Secretary of State

Entity Nan	ne: MIKEY'S	CARIBBEAN ONE STOP, INC.			
Current Pr	incipal Plac	e of Business:	New Principal Place	of Business:	
4089 N.W. LAUDERDA	31ST AVE ALE LAKES, I	FL 33309			
Current Mailing Address:			New Mailing Address	::	
4089 N.W. LAUDERDA	31ST AVE ALE LAKES, I	FL 33309			
FEI Number:	65-0996524	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LIVERPOOL, RUTH 4979 N UNIVERSITY DR LAUDERHILL, FL 33351 US			PEARSON, LEONARD 4979 N UNIVERSITY D LAUDERHILL, FL 333:	DR .	
The above in the State		submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: LEONARD PEARSON				04/27/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Carr	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PEARSON, LE 4089 NW 31S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PEARSON, AL 4089 NW 31S		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	S () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALLISON PEARSON DVP 04/27/2009