2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000079938 1. Entity Name JAIME A. MIKELL, INC.					Jan 24, 2005 08:00 AM Secretary of State
			<u> </u>		
Principal Place of Business Mailing Address					
545 N. UMATILLA BLVD. 545 N. UMATILLA BLVD. UMATILLA FL 32784 UMATILLA FL 32784					
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2. Principal P	lace of Business	3. Mailing Address			
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Suite, Apt	#, etc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FE! Number Applied For
City & State		0.1, 2 0.1.10			59-3663535 Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional
					Fee Required
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New Registered Agent
A MARTIN A LANDAR A				Name	196 v 1 40 T.
MIKELL, JAIME A 545 N. UMATILLA BLVD. UMATILLA FL 32784			Street Address (P.O. Box Number is Not Acceptable)	
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				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 Signalure, typed or printed name of registered agent and title I applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				,	9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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NAME	MIKELL, JAIME A		NAM		01/24/05-80146-009 150.00
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12 I barabu r	portify that the information cumplied w	th this filing does not qualify	for the eve	motion stated in Se	ection 119 07(3)(f). Florida Statutes, I further certify that the information

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 directed 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/05 (352)/269-4547

FILED