

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108295

Entity Name: MISTICA, INC.

FILED
Sep 07, 2004
Secretary of State

Current Principal Place of Business:

6500 NW 114 AVE.
1023
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

6500 NW 114 AVE.
1023
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-1056110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JUAN
6500 NW 114 AVE.
SUITE 1023
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GARCIA, JUAN C
Address: 555 NORTHEAST 15TH STREET
City-St-Zip: MIAMI, FL 33132

Title: V () Delete
Name: PAZ, CLAUDIA
Address: 555 NORTHEAST 15TH STREET
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GARCIA, JUAN C
Address: 6500 NW 114 AVE #1023
City-St-Zip: MIAMI, FL 33132

Title: V (X) Change () Addition
Name: PAZ, CLAUDIA
Address: 6500 NW 114 AVE #1023
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JUAN GARCIA

PSTD

09/07/2004

Electronic Signature of Signing Officer or Director

Date