


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000108295 1. Entity Name MISTICA, INC.	
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Principal Place of Business 6500 NW 114 AVE. 1023 MIAMI, FL 33178	Mailing Address 6500 NW 114 AVE. 1023 MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1056110	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

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

**DO NOT WRITE
IN THIS SPACE**

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 J. Garcia (NOTE: Registered Agent signature required when reinstating) DATE 5/2005

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing 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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARCIA, JUAN C 6500 NW 114 AVE #1023 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAZ, CLAUDIA 6500 NW 114 AVE #1023 MIAMI, FL 33132
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05/05/05-80151-005 150.00

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IN THIS SPACE**

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: J. Garcia SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 5/2005 Daytime Phone #