

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90004 019 \*\*\*550.00

**DOCUMENT # P01000024686**

1. Entity Name

MISTIQUE EMPIRE, INC.



Principal Place of Business

5139 CARIBBEAN BLVD  
SUITE 822  
WEST PALM BEACH FL 33407  
US

Mailing Address

5139 CARIBBEAN BLVD  
SUITE 822  
WEST PALM BEACH FL 33407  
US

54072732



MOORE

CR2E034 (4/04)

Principal Place of Business

8185 Belvedere Rd.  
#208

City & State  
West Palm Beach, FL  
Zip  
33411

Country  
USA

Mailing Address

8185 Belvedere Rd.  
#208

City & State  
West Palm Beach, FL  
Zip  
33411

Country  
USA

4. FEI Number  
65-1081912

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, VALERIE  
5139 CARIBBEAN BLVD  
SUITE 822  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name  
Valerie Wright

Street Address  
8185 Belvedere Rd #208

City  
West Palm Beach

FL

Zip  
33411

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

*Valerie Wright*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-12-04

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WRIGHT, VALERIE  
5139 CARIBBEAN BLVD #822  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Valerie Wright  
8185 Belvedere Rd #208  
West Palm Beach, FL 33411 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 another line empowered.

SIGNATURE:

*Valerie Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-04 (561) 512-8123

Date

Daytime Phone #