


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90039 040 ***158.75

DOCUMENT # P01000029962

1. Entity Name
MIS SOLUTIONS INTERNATIONAL, INC.



Principal Place of Business
**2232 E. SEMORAN BLVD.
 APOPKA, FL 32703**

Mailing Address
**2232 E. SEMORAN BLVD.
 APOPKA, FL 32703**

04041016



2. Principal Place of Business
280 Weliva Springs Rd.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 201

Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State
Longwood, FL

City & State

4. FEI Number
59-3711288

Applied For
 Not Applicable

Zip
32779

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JABLON, MARC
2232 E. SEMORAN BLVD.
APOPKA, FL 32703

Name
Jablon, marc

Street Address (P.O. Box Number, is Not Acceptable)
280 Weliva Springs Rd. Ste. 201

City
Longwood

FL Zip Code
32779

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABLON, MARC I		NAME	Jablon, marc I	
STREET ADDRESS	6155 WESTGATE DR #722		STREET ADDRESS	2149 Harbor Cove way	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABLON, MARC I		NAME		
STREET ADDRESS	2149 HARBOR CORE WAY		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____