

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000031807

1. Entity Name  
MIDAS BUSINESS SERVICES, INC.



Principal Place of Business

61 ALAYAFA WOODS BOULEVARD  
SUITE 161  
OVIDEO, FL 32765

Mailing Address

61 ALAYAFA WOODS BOULEVARD  
SUITE 161  
OVIDEO, FL 32765

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

09282004 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 74-2996023	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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.

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME GOLDSMITH, CAMERON  
STREET ADDRESS 304 NORTH JUPITER AVENUE  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE  
NAME  
STREET ADDRESS  
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 entries.

SIGNATURE:

*Conrad Goldsmith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

800041605968  
10/05/04-01041-003 \*\*\$150.00

**DO NOT WRITE  
IN THIS SPACE**