

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90038 019 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000036590

1. Entity Name  
MIKE AND AL, INC.



Principal Place of Business  
6775 STIRLING ROAD  
DAVIE, FL 33314

Mailing Address  
767 S ST RD 7  
SUITE 13  
MARGATE, FL 33068

40012282



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1117524

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KARIM, MIKE  
767 S. State Road 7 Suite 13  
Margate, FL 33068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME KARIM, MIKE  
STREET ADDRESS 6775 STIRLING ROAD  
CITY-ST-ZIP DAVIE, FL 33314

TITLE DVPS ☐ Delete  
NAME MAJID, AL  
STREET ADDRESS 6775 STIRLING ROAD  
CITY-ST-ZIP DAVIE, FL 33314

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME Karim, Mike  
STREET ADDRESS 767 S. State Road 7 Suite 13  
CITY-ST-ZIP Margate, FL 33068

TITLE DVPS ☒ Change ☐ Addition  
NAME Majid, Al.  
STREET ADDRESS 767 S. State Road 7 Suite 13  
CITY-ST-ZIP Margate, FL 33068

TITLE V ☐ Change ☐ Addition  
NAME Majid, Shafi  
STREET ADDRESS 767 S. State Road 7 Suite 13  
CITY-ST-ZIP Margate, FL 33068

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

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

TITLE ☐ Change ☐ Addition  
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. H. Karim

Day

1/28/05

Examine Phone #

954-978-9582