

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000060858 1. Entity Name MIRRTIQUE, INC.					
Principal Place of Business 4800 GEORGIA AVENUE WEST PALM BEACH FL 33405			Mailing Address 4800 GEORGIA AVENUE WEST PALM BEACH FL 33405		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1112303	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLACK, DAVID A 4800 GEORGIA AVE WEST PALM BEACH FL 33405				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY- ST- ZIP	P BLACK, DAVID A 4800 GEORGIA AVE WEST PALM BEACH FL 33405	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BLACK, JOHN L 4800 GEORGIA AVE WEST PALM BEACH FL 33405	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-1112303** Applied For
Not Applicable

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

**BLACK, DAVID A
4800 GEORGIA AVE
WEST PALM BEACH FL 33405**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: David A. Black David A. Black 2/6/06 561/655-4005