Amended Annual Report

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060858

1. Entity Name

MIRRTIQUE, INC

FILED
03 NOV 14 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

TA 300024706613
11/14/03--01047--015 **61.25

2. Principal Place of Business	3. Mailing Address
4800 Georgia Ave	4800 Georgia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach	City & State: West Palm Beach, FL
Zip: 33405 Country: Palm Beach	Zip: 33405 Country: Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1112303 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID A. BLACK
Street Address (P.O. Box Number is Not Acceptable): 4800 GEORGIA AVE
City: West Palm Bch FL Zip Code: 33405

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	DAVID A. BLACK	NAME	
STREET ADDRESS	4800 Georgia Ave	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33405	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	JOHN L. BLACK	NAME	
STREET ADDRESS	4800 GEORGIA AVE	STREET ADDRESS	
CITY-ST-ZIP	WEST Palm Beach, FL 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X David A. Black — x 11-11-03 — 561)655-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #