2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90339 006 ***155.00

DOCUMENT # P01000109413

1. Entity Name
16336 MIRA VISTA INC.

Principal Place of Business
C/O LAW OFFICES OF SALLY N. SAWH, P.A.
1054 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

Mailing Address
C/O LAW OFFICES OF SALLY N. SAWH, P.A.
1054 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

04162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
16336 Mira Vista Ln
Suite, Apt. #, etc.
City & State: Delray Bch, FL
Zip: 33446 Country: USA

3. Mailing Address
16336 Mira Vista Ln
Suite, Apt. #, etc.
City & State: Delray Bch, FL
Zip: 33446 Country: USA.

4. FEI Number: 20-4444780 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAWH, SALLY N
C/O LAW OFFICES OF SALLY N. SAWH, P.A.
1054 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

Name: Akar, Saglam
Street Address (P.O. Box Number is Not Acceptable)
16336 Mira Vista Ln
City: Delray Bch. FL Zip Code: 33446.

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: Tumea Akar Apr. 26. 2004
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, 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 NAME AKAR, TUMEN STREET ADDRESS 16336 MIRA VISTA LANE CITY-ST-ZIP DELRAY BEACH, FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME AKAR, SAGLAM STREET ADDRESS 16336 MIRA VISTA LANE CITY-ST-ZIP DELRAY BEACH, FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Tumea Akar 26 Apr. 2004 561 498 8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #