


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90091 009 \*\*\*150.00

<b>DOCUMENT # P02000000277</b>		
1. Entity Name <b>M.I.R. ENTERPRISES, INC.</b>		

Principal Place of Business <b>5089 FOXCROFT COURT ORLANDO FL 32808</b>	Mailing Address <b>5089 FOXCROFT COURT ORLANDO FL 32808</b>
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2. Principal Place of Business <b>1824 Sparrow Song Lane</b> Suite, Apt. #, etc.	3. Mailing Address <b>1824 Sparrow Song Lane</b> Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State <b>Ocoee Florida</b>	City & State <b>Ocoee Florida</b>
Zip <b>34761</b>	Zip <b>34761</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>26-0009971</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CARTER, KEVIN G 5089 FOXCROFT CT. ORLANDO FL 32808</b>	
7. Name and Address of New Registered Agent Name <b>Kevin G. Carter</b> Street Address (P.O. Box Number is Not Acceptable) <b>1824 Sparrow Song Lane</b> City <b>Ocoee</b> FL Zip Code <b>34761</b>	

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, 2004 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARTER, KEVIN G 5089 FOXCROFT COURT ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, DAVID 5089 FOXCROFT COURT ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> <del>David Torres</del> Kevin Carter 1824 Sparrow Song Lane Ocoee, FL 34761	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Vice President</del> <del>Kevin Carter</del> David Torres 1824 Sparrow Song Lane Ocoee, FL 34761	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Secretary</del> <del>David Torres</del> Kevin Carter Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Treasurer</del> <del>Kevin Carter</del> David Torres SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**4/6/04** **407-509-6878**