2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED May 06, 2004 8:00 am Secretary of State

05-06-2004 90169 028 ***150.00

Entity Name MICHAEL		KY, INC.							03 00 .	200 1 201	020	150.	
Principal Place	e of Business		Mailing Ad	dress									
6245 N. FED Fort Laudei		33308	6245 N. Fort Lau	FED HWY Jderdale, Fl	. 33308	3					5405	3123	
2. Principal P	lace of Busin	la 4 /	3. Mailing /	Address									
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	6. Name	and Address of Current	Registered A	gent				7. Name and	Address	f New Reg	istered Ag	ent	
 MILLER, J						Name							
2499 GLA		TE 305A				Street A	ddress (l	P.O. Box Numb	er is Not Ac	ceptable)		0.00	
BOCA RAT	TON, FL 3	33431											
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						City					FL	Zip Code	e
	named entity	y submits this statement fo	or the purpose	of changing its	register	ed office or	r register	ed agent, or bo	oth, in the St	ate of Floric	ia. I am far	niliar with,	and accept
line obligat	ions of registr	ered agent.											
1													
SIGNATURE_	Signature byped	or printed name of registered agent	Land title if applicable	, (NOTI	E- Begletere	d Agent signati	ure toquired	when reinstating)			DATE		
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable	a. (NOTI	E: Register e	d Agent signati	ure required	when reinstating)	 T		DATE		<u> </u>
FII	Signature, typed	FEE IS \$150.00 stember 8, 2004	9. E	lection Campa	ìgn Finar		\$ 5.	when reinstating) 00 May Be ed to Fees	In accor	dance wit	h s. 607.1	93(2)(b), the prior i	F.S., the
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12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Michael Juste MICHTO SIGNATURE SIGNATURE AND THE OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #