


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90524 040 ***150.00

DOCUMENT # P02000068539		
1. Entity Name MYSAL ENTERPRISE, INC		

Principal Place of Business 14640 KRISTENRIGHT LANE ORLANDO, FL 32826 US	Mailing Address 14640 KRISTENRIGHT LANE ORLANDO, FL 32826 US
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34040961




2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent VIBHAKAR, MAYUR 14640 KRISTENRIGHT LANE ORLANDO, FL 32826	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P VIBHAKAR, MAYUR 14640 KRISTENRIGHT LANE ORLANDO, FL 32826	
VP VIBHAKAR, ANUPAMA 14640 KRISTENRIGHT LANE ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete
TR VIBHAKAR, SNEHLATA 14640 KRISTENRIGHT LANE ORLANDO, FL 32826	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P151T MAYUR VIBHAKAR 14640 KRISTENRIGHT LANE ORLANDO FL 32826	
MAYUR VIBHAKAR 14640 KRISTENRIGHT LANE ORLANDO FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MAYUR VIBHAKAR 14640 KRISTENRIGHT LANE ORLANDO FL 32826	<input type="checkbox"/> Change <input checked="" 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
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.	
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SIGNATURE:  **MAYUR VIBHAKAR**

4/22/04

407-282-2918