## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2004 08:00 AM Secretary of State DOCUMENT # P02000085045 MOLECULAR MIKE, INC. Principal Place of Business Mailing Address 5290 SW 89TH AVENUE 5290 SW 89TH AVENUE COOPERCITY, FL 33328 COOPER CITY, FL 33328 CR2E034 (10/03) 01082004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2371945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KORTHALS, JOHN L DO NOT WRITE 1401 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060 IN THIS SPACE 2. 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, byped or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when ministaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MOSCATELLO, MICHAEL NAME STREET ADDRESS 5290 SW 89TH AVENUE CITY-ST-7IP COOPER CITY, FL 33328 NAME U00000002174 01/12/04-80039-021 158.75 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE MAME STREET ADDRESS

FILED

12. If hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 logal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this upport 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

MICHAEL MOSCATELLO OI 06/04/954-370-839