
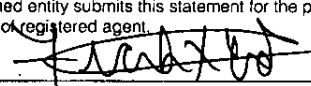
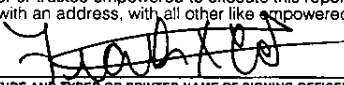


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90042 003 ***150.00

DOCUMENT # P02000134046			
1. Entity Name MIJOLA, INC.			
Principal Place of Business 5970 SW 18TH STREET STE 188 BOCA RATON, FL 33433		Mailing Address 5970 SW 18TH STREET STE 188 BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # Mr. Frank X. Cid 5933 West Hillsboro Boulevard Suite # 206 Parkland, Florida 33067		3. Mr. Frank X. Cid 5933 West Hillsboro Boulevard Suite # 206 Parkland, Florida 33067	
		02262007 Chg-P CR2E034 (12/06)	
		4. FEI Number 05-0547445	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CID, FRANK X 117A NE 5TH AVE DELRAY BEACH, FL 33483		Name Mr. Frank X. Cid	
		Street 5933 West Hillsboro Boulevard	
		Suite # 206	
		City Parkland, Florida 33067	
		p Code	
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 4/27/7	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CID, FRANK X 117A NE 5TH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 4/27/7 561-866-0012	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	