

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90069 038 \*\*\*150.00

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<b>DOCUMENT # P03000022069</b> 1. Entity Name <b>MIRAGE K CORPORATION</b>					
Principal Place of Business <b>10000 NW 27 AVE MIAMI, FL 33147</b> <i>11401 N.W. 12th Street</i>			Mailing Address <b>10000 NW 27 AVE MIAMI, FL 33147</b>		
2. Principal Place of Business <b>11401 NW 12th Street</b>		3. Mailing Address <b>9551 Fontainebleau Blvd</b>			
Suite, Apt. #, etc. <b>Rmu 02</b>		Suite, Apt. #, etc. <b>515</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33172</b>		Country <b>USA</b>		Zip <b>33172</b>	
Country <b>USA</b>		4. FEI Number <b>87-0694158</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DRIKHA MASSRI, CARLOS M</b> <b>10000 NW 27 AVE</b> <b>MIAMI, FL 33147</b>			7. Name and Address of New Registered Agent Name <b>DRIKHA MASSRI, CARLOS M</b> Street Address (P.O. Box Number is Not Acceptable) <b>9551 Fontainebleau Blvd # 515</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33172</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 <b>REGISTERED AGENT DRIKHA MASSRI CARLOS</b> <b>04/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DRIKHA MASSRI, CARLOS M</b> <b>9551 FONTAINEBLEAU BLVD #515</b> <b>MIAMI, FL 33147</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>DRIKHA, RICHARD</b> <b>11375 SW 66 ST</b> <b>MIAMI, FL 33178</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04/15/04</b> <b>305-710-9098</b> <small>Date Daytime Phone #</small>		