


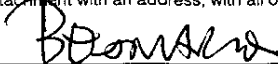
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

142

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000066663			
1. Entity Name MIA CASA OF BREVARD, INC.			
Principal Place of Business 2119 SEPTEMBER STREET MELBOURNE, FL 32935		Mailing Address 2119 SEPTEMBER STREET MELBOURNE, FL 32935	
2. Principal Place of Business 3092 Lake Washington Rd Suite, Apt. #, etc.		3. Mailing Address 3092 Lake Washington Rd Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32934	Country Brevard	Zip 32934	Country Brevard
6. Name and Address of Current Registered Agent BEDNAREK, ELZBIETA 2119 SEPTEMBER STREET MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name: Bednarek, Elzbieta Street Address (P.O. Box Number is Not Acceptable) 3092 Lake Washington Rd City: Melbourne FL Zip Code: 32934	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 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: 		10.01.04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



09152004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0046560 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name: Bednarek, Elzbieta  
Street Address (P.O. Box Number is Not Acceptable): 3092 Lake Washington Rd  
City: Melbourne FL Zip Code: 32934

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**MIA CASA OF BREVARD, INC.**  
**3092 Lake Washington Ave.**  
**Melbourne, FL 32934-7613**  
**Tel. (321) 259-5182**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT -6 AM 10:06

October 1, 2004

Mr. Gary Blankenbaker  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Via certified mail/Return Receipt  
#7000 0600 0028 9503 8130

RE: 2004 Annual Report for Mia Casa of Brevard, Inc.  
Ref. Number: P03000066663

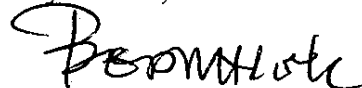
Dear Mr. Blankenbaker:

Pursuant to your telephone conversation this date with my friend, Elizabeth Williams, who has called you on my behalf, enclosed please find the original, fully executed 2004 Annual Report of Mia Casa of Brevard, Inc., together with my company's check #1490 in the amount of \$150.00 as filing fee. I have also enclosed a copy of the letter I have received from the Division of Corporations dated September 15, 2004 for your perusal.

Please be advised that I have not received any correspondence from the Department in regards to filing of an annual report prior to the enclosed letter. I kindly request that due to the fact that no letter or reminder has ever been received by me, the late fee of \$400.00 be waived.

I appreciate your assistance and cooperation in this matter. If you need anything in addition, please let me know. Thank you again.

Truly Yours,



Elzbieta Bednarek, President  
Mia Casa of Brevard, Inc.