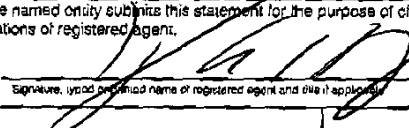
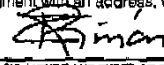


APR. 29. 2004 10:00AM

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90406 047 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000068848		
1. Entity Name MICHIN CORPORATION		
Principal Place of Business 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131		Mailing Address 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131
2. Principal Place of Business 801 South University Dr.		3. Mailing Address 801 South University Dr.
Suite, Apt. #, etc. Suite C-112		Suite, Apt. #, etc. Suite C-112
City & State Plantation, FL		City & State Plantation, FLA
Zip 33324		Country U.S.A
4. FEI Number 03-0521582		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANCHEZ-ABALLI, RAFAEL ESQ 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Hernandez & Tavoronte (Alfred A. Hernandez) 8509 W. Flagler Street Ste A-208 Miami, FL 33144
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:  (NOTE: Registered Agent signature required when completing)		
DATE		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date		
Daytime Phone #		

94079567



04292004 Chg-P CR2E034 (10/03)