

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90043 019 ***150.00

40016032



DOCUMENT # P03000121244 1. Entity Name MIK & B CORPORATION					
Principal Place of Business 750 E SAMPLE ROAD, BLDG 2 SUITE 210A POMPANO BEACH, FL 33064 US			Mailing Address 750 E SAMPLE ROAD, BLDG 2 SUITE 210A POMPANO BEACH, FL 33064 US		
2. Principal Place of Business 8177 Boca Rio dr. Suite, Apt. #, etc.		3. Mailing Address 8177 Boca Rio dr. Suite, Apt. #, etc.		01312005 Chg-P CR2E034 (10/03)	
City & State BOCA RATON, FL Zip 33433 Country		City & State BOCA RATON Zip 33433 Country		4. FEI Number 75-3135652 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SZENTPETERI, MIKLOS 750 E SAMPLE ROAD, BLDG 2 SUITE 210A POMPANO BEACH, FL 33064	
7. Name and Address of New Registered Agent Name CSABA BIRO Street Address (P.O. Box Number is Not Acceptable) 8177 Boca Rio dr. City BOCA RATON, FL Zip Code 33433				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P NAME SZENTPETERI, MIKLOS STREET ADDRESS 750 E SAMPLE ROAD, BLDG 2 SUITE 210A CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE SZENTPETERI MIKLOS NAME 8177 Boca Rio dr. STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME BIRO, CSABA STREET ADDRESS 750 E SAMPLE ROAD, BLDG 2 SUITE 210A CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE CSABA BIRO NAME 8177 Boca Rio dr. STREET ADDRESS BOCA RATON, FL 33433 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 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	
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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 02/01/05 <small>Daytime Phone #</small>		