FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90174 036 ***150.00

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000121244

1. Entity Name
MIK & B CORPORATION

Principal Place of Business	Mailing Address
~~8177 BOCA RIO DR~~ ~~BOCA RATON, FL 33433 US~~	~~8177 BOCA RIO DR~~ ~~BOCA RATON, FL 33433 US~~

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 14325 SW 176 Terr.		3. Mailing Address: 1250 E Sample Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 208	
City & State: Miami, FL.		City & State: Pompano Beach.	
Zip: 33177	Country	Zip: 33064	Country: Broward.

4. FEI Number 75-3135652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIRO, CSABA ~~8177 BOCA RIO DR~~ ~~BOCA RATON, FL 33433~~	Name: Street Address (P.O. Box Number is Not Acceptable): 1250 E Sample Road ~~#207~~ #208 City: Pompano Beach. FL Zip Code: 33064

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] Biro
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SZENTPETERI, MIKLOS ~~8177 BOCA RIO DR~~ ~~BOCA RATON, FL 33433~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP BIRO, CSABA ~~8177 BOCA RIO DR~~ BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	14325 SW 176 Terr. Miami, FL 33177	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: [signature] Biro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #