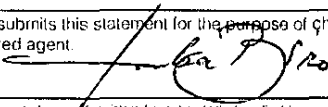
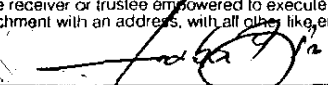


**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90174 036 ***150.00

DOCUMENT # P03000121244					
1. Entity Name MIK & B CORPORATION					
Principal Place of Business 8177 BOCA RIO DR BOCA RATON, FL 33433 US			Mailing Address 8177 BOCA RIO DR BOCA RATON, FL 33433 US		
2. Principal Place of Business 14325 SW 176 Ter.		3. Mailing Address 1250 E Sample Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 208		03282005 Chg-P CR2E034 (10/03)	
City & State Miami, FL		City & State Pompano Beach		4. FEI Number 75-3135652	
Country 33177		Country 33064		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRO, CSABA 8177 BOCA RIO DR BOCA RATON, FL 33433			7. Name and Address of New Registered Agent		
			Name		
			Street Address (R.O. Box Number if Not Applicable) 1250 E Sample Road		
			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, 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 P	NAME SZENTPETERI, MIKLOS ☒ Delete		TITLE	☐ Change ☐ Addition	
STREET ADDRESS 8177 BOCA RIO DR	CITY ST ZIP BOCA RATON, FL 33433		STREET ADDRESS	CITY ST ZIP	
TITLE VP	NAME BIRO, CSABA ☐ Delete		TITLE	14325 SW 176 Ter. ☒ Change ☐ Addition	
STREET ADDRESS 8177 BOCA RIO DR	CITY ST ZIP BOCA RATON, FL 33433		STREET ADDRESS	CITY ST ZIP Miami, FL 33177	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY ST ZIP		STREET ADDRESS	CITY ST ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY ST ZIP		STREET ADDRESS	CITY ST ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY ST ZIP		STREET ADDRESS	CITY ST ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY ST ZIP		STREET ADDRESS	CITY ST ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					