

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90204 014 \*\*\*150.00

<b>DOCUMENT # P04000043133</b>					
<b>1. Entity Name</b> MITA ENTERPRISES, INC.					
<b>Principal Place of Business</b> 8932 ADAMS WALK DRIVE JACKSONVILLE, FL 32257			<b>Mailing Address</b> 8932 ADAMS WALK DRIVE JACKSONVILLE, FL 32257		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 7899 BAYMEADOWS WAY STE - 6			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		JACKSONVILLE, FL			
Zip	Country	Zip	Country	04232006    Chg-P    CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SARKAR, SUNIL K 8932 ADAMS WALK DRIVE JACKSONVILLE, FL 32257				Name Street Address (P.O. Box Number is Not Acceptable) 7899 BAYMEADOWS WAY, Ste 6 City JACKSONVILLE FL Zip Code 32256	
<b>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.</b> SIGNATURE <u>Sunil Sawar 4/24/06</u> DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SARKAR, SUNIL K 8932 ADAMS WALK DRIVE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7899 BAYMEADOWS WAY, Ste 6 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: <u>Sunil Sawar, President 4/24/06 904-733-1150</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					