

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046619

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: MIKE MUNZ CONSTRUCTION NORTH, INC.

## Current Principal Place of Business:

6445 GARRET ST  
JUPITER, FL 33458

## New Principal Place of Business:

132 SW CASSINE COURT  
PALM CITY, FL 34990

## Current Mailing Address:

PO BOX 31324  
PALM BEACH GARDENS, FL 33420

## New Mailing Address:

FEI Number: 56-2445703      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

MIKA R. MUNZ  
132 SW CASSINE COURT  
PALM CITY, FL 34990 US

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.

SIGNATURE: MIKA R. MUNZ

03/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MUNZ, MIKE  
Address: 6445 GARRET ST  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: MUNZ, CHRISTIAN  
Address: 6445 GARRET ST  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: POWELL, CLIFF  
Address: 6445 GARRET ST  
City-St-Zip: JUPITER, FL 33458

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MUNZ, MIKA R  
Address: 132 SW CASSINE COURT  
City-St-Zip: PALM CITY, FL 34490

Title: D (X) Change ( ) Addition  
Name: MUNZ, CHRISTIAN  
Address: PO BOX 31324  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: D (X) Change ( ) Addition  
Name: POWELL, CLIFF  
Address: PO BOX 31324  
City-St-Zip: PALM BEACH GARDENS, FL 33420

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKA R. MUNZ

PSTD

03/08/2005

Electronic Signature of Signing Officer or Director

Date