


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 045 ***150.00

DOCUMENT # P04000100413	
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1. Entity Name MIKAM CORPORATION	Principal Place of Business 369-2 FITNESS CIR APT 2 MELBOURNE, FL 32901 US	Mailing Address 369-2 FITNESS CIR APT 2 MELBOURNE, FL 32901 US
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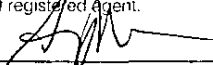
2. Principal Place of Business - No P.O. Box # 204 CROWN BLVD	3. Mailing Address 204 CROWN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MELBOURNE FL	City & State MELBOURNE FL
Zip 32901	Country US
Zip 32901	Country US

04022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1323042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent AKBAS, AMY 369 FITNESS CIR APT 2 MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name AMY AKBAS Street Address (P.O. Box Number is Not Acceptable) 204 CROWN BLVD City MELBOURNE FL Zip Code 32901
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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  DATE 4-24-07 <small>(NOTE: Registered Agent signature required after re-registration)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME AKBAS, AMY STREET ADDRESS 369 FITNESS CIR APT 2 CITY-ST-ZIP MELBOURNE, FL 32901	TITLE P	NAME AKBAS, AMY STREET ADDRESS 204 CROWN BLVD CITY-ST-ZIP MELBOURNE, FL 32901
TITLE VP	NAME AKBAS, MEHMET STREET ADDRESS 369 FITNESS CIR APT 2 CITY-ST-ZIP MELBOURNE, FL 32901	TITLE VP	NAME AKBAS, MEHMET STREET ADDRESS 204 CROWN BLVD CITY-ST-ZIP MELBOURNE, FL 32901
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
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
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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 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.

SIGNATURE:  DATE 4-24-07
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