## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000123596

City-St-Zip:

DAVIE, FL 33314 US

FILED Apr 29, 2005 Secretary of State

Entity Name: M.Y.L.A.S., INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3711 SW 4 SUITE 204 DAVIE, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3711 SW 4 SUITE 204 DAVIE, FL	•				
FEI Number:	65-0859941	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FLORIDA REGISTERED AGENTS, INC. 2699 STIRLING ROAD A-201 FORT LAUDERDALE, FL 33312 US			4121 N. 31 AVE.	FLORIDA REGISTERED AGENTS, INC. 4121 N. 31 AVE. HOLLYWOOD, FL 33021 US	
	named entity s e of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: KEVIN C. GLEASON, PRESIDENT				04/29/2005	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () LASKO, SAMUE 3711 SW 47TH DAVIE, FL 333	AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVP () TWERSKY, JON 3711 SW 47TH DAVIE, FL 333	AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	SY () LASKO, ARLEN 3711 SW 47TH		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: SAMUEL LASKO DP 04/29/2005