## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 09, 2006 8:00 am Secretary of State

1. Entity Nam	JMENT # P05000003333 ame MIKE, INC.					05-09-20	06 90082 0	18 ***150	).00	
Principal Place of Business  4802 51ST STREET WEST, APT. 1722 BRADENTON, FL 34210  Mailing Address  4802 51ST STREET WEST, APT. 1722 BRADENTON, FL 34210						 	iii 88/ii 88/ii 88/88		1881 St 1681	
2. Principal Place of Business 13.557 Cas Side W. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.					03292006	Chg-P	CR2E(	034 (11/05)		
City & Stat	City & State Winderemere, Fl Windermere,				4. FEI Numb		860		plied For t Applicable	
Zip 340	786 Country U.S		S.U	١		of Status Desir		\$8.75 Add Fee Required		
TANG, MICHEL WAT 4802 51ST STREET WEST, APT. 1722 BRADENTON, FL 34210 City					7. Name and Address of New Registered Agent  Michel Tang  Address (P.O. Box Number is Not Acceptable)  557 Cagside Lo.  Licole Code  FL Zip Code					
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										
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	
1ITLE	D Delete TITL TANG, MICHEL WAT			Tar	na, Mich	rel War	<del> -</del>	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4802 51ST STREET WEST, APT. 1722 STR BRADENTON, FL 34210 CIT			125 (4.)	57 Cra	gside l	Ln. 1. 3492	<b>3</b> 6		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date										