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Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90356 038 ***150.00

5/1/

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063706

1. Entity Name
MI BULIN INVESTMENT CORP.

Principal Place of Business	Mailing Address
441 S. STATE RD. 7, STE. 15 MARGATE, FL 33068	441 S. STATE RD. 7, STE. 15 MARGATE, FL 33068

01162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3333 W Commercial		3333 W Commercial	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc. 110	
City & State Ft. Lauderdale Fl		City & State Ft. Lauderdale Fl	
Zip 33309	Country US	Zip 33309	Country US

4. FEI Number 20-2781789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWITT, STUART
441 S. STATE RD. 7, STE. 15
MARGATE, FL 33068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3333 W Commercial

110

City FT. Lauderdale FL Zip Code 33309

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 [signature] 4/20/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILGAM, ADELA 441 S. STATE RD. 7, STE. 15 MARGATE, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 3333 W Commercial #110 Ft. Lauderdale Fl. 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/20/06 (305) 883-7974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #