


05-02-2008 90132 002 ***150.00

DOCUMENT # P06000011327

1. Entity Name
MITCHELL WADE INC.



Principal Place of Business
17428 68TH STREET NORTH
LOXAHATCHEE, FL 33470

Mailing Address
17428 68TH STREET NORTH
LOXAHATCHEE, FL 33470

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name Mitchell W Mizrahi
Street Address (P.O. Box Number is Not Acceptable) 17428 68th St N.
City Loxahatchee FL Zip Code 33470

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] DATE 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS
TITLE D ☐ Delete
NAME MIZRAHI, MITCHELL W
STREET ADDRESS 17428 68TH STREET NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] Mitchell W Mizrahi 4/30/08 723-9024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Secretary of State
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04302008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4185647 Applied For
NOT APPLICABLE Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00