

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90013 032 \*\*\*150.00

**DOCUMENT # P06000046175**

1. Entity Name  
**MICUKI ENTERPRISES, INC.**



Principal Place of Business  
**167 N.E. 45 STREET  
MIAMI, FL 33137**

Mailing Address  
**167 N.E. 45 STREET  
MIAMI, FL 33137**

**40101510**



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3214286**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CUKIERMAN, MICHEL  
167 N.E. 45 STREET  
MIAMI, FL 33137**

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
CUKIERMAN, MICHEL A A  
167 N.E. 45 STREET  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

ATTACHMENT

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MICUKI ENTERPRISES, INC.

**Filing Information**

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FEI Number 753214286  
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State FL  
Status ACTIVE  
Last Event AMENDMENT  
Event Date Filed 09/11/2006  
Event Effective Date NONE

**Principal Address**

167 N.E. 45 STREET  
MIAMI FL 33137

**Mailing Address**

167 N.E. 45 STREET  
MIAMI FL 33137

**Registered Agent Name & Address**

CUKIERMAN, MICHEL  
167 N.E. 45 STREET  
MIAMI FL 33137 US

**Officer/Director Detail****Name & Address**

Title P

CUKIERMAN, MICHEL A A  
167 N.E. 45 STREET  
MIAMI FL 33137

**Annual Reports**

Report Year Filed Date  
2007 03/20/2007

**Document Images**

03/20/2007 -- ANNUAL REPORT [View image in PDF format](#)  
09/11/2006 -- Amendment [View image in PDF format](#)

03/29/2006 -- Domestic Profit

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Note: This is not official record. See documents if question or conflict.

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