

FILED
Jun 26, 2007 8:00 am
Secretary of State

Apr 25 2007 12:21PM TAX CENTERS INC

04-30-2007 90432 012 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000075851			
1. Entity Name MYKOLA SERVICE INC.			
Principal Place of Business 1188 SHIBUMY CR APT. B WEST PALM BEACH, FL 33418		Mailing Address 1188 SHIBUMY CR APT. B WEST PALM BEACH, FL 33418	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent PAVLUK, MYKOLA 1188 SHIBUMY CR APT. B WEST PALM BEACH, FL 33418		5. Name and Address of New Registered Agent NAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, as shown, in the State of Florida. I am further with, and accept the obligations of registered agent.			
SIGNATURE By whom signed to attest, name of registered agent on the Application JOSE, Registered Agent (Address) (Name) (Address) (City) (State) (Zip)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		7. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fee	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this form does not qualify for the exemption contained in Chapter 118, Florida Statutes. I further certify that the information included 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. This I am on oath or on affidavit of the corporation or business empowered to execute this report as required by Chapter 127, Florida Statutes. I will not my name appears in Block 14 or Block 15 if charged, or on an affidavit, or on an affidavit with a notarized signature.			
SIGNATURE: PAVLUK		DATE: 6/20/07	

66019809

