

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90002 021 ***150.00

DOCUMENT # P06000138251

1. Entity Name
MIJODOMI, INC.



Principal Place of Business
1315 S. INTERNATIONAL PKWY
STE 1101
LAKE MARY, FL 32746-1407 US

Mailing Address
1315 S. INTERNATIONAL PKWY
STE 1101
LAKE MARY, FL 32746-1407 US

40043480



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-5830478

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANISCALCO, DOUGLAS
1315 S. INTERNATIONAL PKWY
STE 1101
LAKE MARY, FL 32746-1407

Name

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

City

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

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, 2007 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
P
LIGUORI, JOSEPH C
STREET ADDRESS
5412 BIRCHBEND LOOP
CITY-STATE-ZIP
OVIEDO, FL 32785 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
VP
MANISCALCO, DOUGLAS
STREET ADDRESS
3292 OAKMONT TERRACE
CITY-STATE-ZIP
LONGWOOD, FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
S
LIGUORI, MICHAEL
STREET ADDRESS
7460 WOODBURN COURT
CITY-STATE-ZIP
WINTER PARK, FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
T
GRIFFIS, MICHAEL
STREET ADDRESS
1224 RUSTIC DRIVE
CITY-STATE-ZIP
ORLANDO, FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-07

Date

407-833-0844

Daytime Phone #