2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148814

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POMPANO BECAH, FL 33062

3 N POMPANO BEACH BLVD - APT 408

ZILBERSZTAJEN, LEON

Title:

Name:

Address: City-St-Zip:

Entity Name: MIKE'S ROADSIDE SERVICE, CORP.

FILED Mar 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 784 TIVOLI CIR APT 204 DEERFIELD BEACH, FL 33441 **New Mailing Address: Current Mailing Address:** 784 TIVOLI CIR APT 204 DEERFIELD BEACH, FL 33441 FEI Number: 20-5964226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRYDMAN, ABRAHAM M 784 TIVOLÍ CIR **APT 204** DEERFIELD BEACH, FL 33441 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FRYDMAN, ABRAHAM M Name: Name: 784 TIVOLI CIR - APT 204 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: PD Title: () Delete () Change () Addition SOUZA, SONIA Name: Name: 784 TIVOLI CIR - APT 204 Address: Address: DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ABRAHAM M FRYDMAN PD 03/07/2007

() Change () Addition