

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90043 037 ***158.75

DOCUMENT # P07000118536

1. Entity Name
MICROLIGHT REJUVENATION TECHNOLOGY, INC.



Principal Place of Business
20823 N. 19TH AVENUE - SUITE # 8
PHOENIX, AZ 85027 US

Mailing Address
PO BOX 530725
MIAMI SHORES, FL 33153 US

40000439



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number
26-1665868 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, JOEL A
3001 QUAYSIDE LANE
MIAMI, FL 33138

7. Name and Address of New Registered Agent

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, 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	P	<input type="checkbox"/> Delete
NAME	STARWYNN, DARREN	
STREET ADDRESS	20823 N. 19TH AVENUE - SUITE # 8	
CITY-ST-ZIP	PHOENIX, AZ 85027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIN, JAMI	
STREET ADDRESS	3001 QUAYSIDE LANE	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVY, JOEL	
STREET ADDRESS	3001 QUAYSIDE LANE	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKNOW, BURTON	
STREET ADDRESS	1800 NE 114TH STREET - SUITE # 1104	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Joel A. Levy JOEL A. LEVY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-08
Date

305 322-7838
Daytime Phone #