2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 01, 2004 8:00 am
Secretary of State
03-19-2004 90051 036 ***150.00

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1. Entity Name
MIRADECKS, INC.

66409070

Principal Place of Business	Mailing Address
6015 DEACON PLACE SARASOTA, FL 34238-2719	6015 DEACON PLACE SARASOTA, FL 34238-2719

03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0472528
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORAN, MICHAEL ESQ.
1800 SECOND STREET
STE. 850
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SWIMM, DOUG
STREET ADDRESS	6015 DEACON PLACE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	DS
NAME	HOFFMAN, DREW
STREET ADDRESS	4001 BENEVA RD.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VPD
NAME	HOFFMAN, CRAIG S
STREET ADDRESS	4001 BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Douglas Swimm 3/29/04 9413784365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #