

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90260 043 \*\*\*150.00

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02172005 Chg-P CR2E034 (10/03)

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P94000004297</b><br>1. Entity Name<br><b>COUSINS MICA INC.</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>1785 NW 38TH AVE.<br/>LAUDERHILL, FL 33311</b>  |   |   | Mailing Address<br><b>1785 NW 38TH AVE.<br/>LAUDERHILL, FL 33311</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  |  |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br><b>65-0463811</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |   |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>FRANCO, BEKI<br/>1785 NW 38TH AVE<br/>LAUDERHILL, FL 33311</b>   |   |   |  | Name<br><b>Robert Monas</b>  |  |
|   |   |   |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>11555 Heron Bay Blvd. - Suite 200</b> |  |
|   |   |   |  | City<br><b>Coral Springs</b>   |  |
|   |   |   |  | FL Zip Code<br><b>33076</b>  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D MORDEHAY, ELI<br/>3563 INVERRARY BLVD W<br/>LAUDERHILL, FL 33319</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| 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. |   |   |  |  |  |
| <b>SIGNATURE:</b>   |   |   | <b>FEB 28 2005</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date Daytime Phone # <b>954-485-6000</b>                             |  |  |