

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90016 031 \*\*\*158.75

**DOCUMENT # P94000018663**

1. Entity Name  
**MICROSIDE CORP.**



Principal Place of Business

**1539 NW 79 AVE  
MIAMI, FL 33126 US**

Mailing Address

**1539 NW 79 AVE  
MIAMI, FL 33126 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0474419**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, ROBERT E  
8961 SW 124TH ST  
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

**- SAME -**

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

**11920 S.W. 69TH CT**

City

**MIAMI**

**FL**

Zip Code

**33156**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**ROBERT E. GRANT**

(NOTE: Registered Agent signature required when reinstating)

**02-24-04**

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
GRANT, ROBERT E  
8961 SW 124TH ST  
MIAMI, FL**



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
MARGARIDA A GRANT  
8961 SW 124TH ST  
MIAMI, FL**



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAME  
SAME  
11920 S.W. 69TH CT  
MIAMI, FL 33156**



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAME  
SAME  
11920 S.W. 69TH CT  
MIAMI, FL 33156**



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-24-04 471-9799**  
Date Daytime Phone #