


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000025067 1. Entity Name THE MIFSUD'S, INC.	
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Principal Place of Business 13840 LITTLE RD. HUDSON, FL 34667 US	Mailing Address 13840 LITTLE RD. HUDSON, FL 34667 US
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3233931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIFSUD, MARIA
18310 AUTUMAN BLVD.
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

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, 2005 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	P MIPSUD, MARIA GRACE 18310 AUTUMN LAKE BLVD HUDSON, FL 34667
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAMO, ERIC 12538 CHOCTAW TRAIL HUDSON, FL 34669
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MIFSUD, PAUL 18310 AUTUMAN LAKE BLVD. HUDSON, FL 34667
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/06/05-80049-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL MIFSUD
SEC.

Date

Daytime Phone #

x 3-15-05 *x 1-727-8896661*