

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90037 015 ***150.00

DOCUMENT # P94000025067



1. Entity Name
THE MIFSUD'S, INC.

Principal Place of Business
**13840 LITTLE RD.
HUDSON FL 34667
US**

Mailing Address
**13840 LITTLE RD.
HUDSON FL 34667
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3233931**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANANIA, ROBERT M
10473 VENTURE DR
SPRING HILL FL 34608**

Name **MARIA MIFSUD**
Street Address (P.O. Box Number is Not Acceptable)
18310 Autumn Lake Blvd.
City **HUDSON** FL Zip Code **34667**

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]* DATE: **x4-13-03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00**

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANANIA, ROBERT M	
STREET ADDRESS	10473 VENTURE DR	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANANIA, DAWN	
STREET ADDRESS	10473 VENTURE AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIFSUD, MARIA GRACE	
STREET ADDRESS	18310 AUTUMN LAKE BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIFSUD, MARIA GRACE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC MAMO	
STREET ADDRESS	12538 CHOCTAW TRAIL	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL MIFSUD	
STREET ADDRESS	18310 Autumn Lake Blvd	
CITY-ST-ZIP	HUDSON, FL 34667	
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 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: *[Signature]* SIGNATURE REQUIRED: **PAUL MIFSUD Sec.** DATE: **x4-13-03** DAYTIME PHONE #: **1-777-8696661**

CR2E034 (10/02)