


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90015 037 ***150.00

DOCUMENT # P94000056300 1. Entity Name MICA MANUFACTURING CITY, INC.	
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Principal Place of Business 4517 SW 75 AVE MIAMI, FL 33155	Mailing Address 4517 SW 75 AVE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0511567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POZO, JUAN
5960 S.W. 13TH TERRACE
MIAMI, FL 33144

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POZO, JUAN 5960 SW 13 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POZO, MARITZA 5960 SW 13 TERRACE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/18/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #