

DOCUMENT # P94000077185

1. Entity Name
MITRE SALES & MARKETING, INC.

04-19-2001 90042 034 ***150.00

Principal Place of Business	Mailing Address
1831 NE 65TH STREET FORT LAUDERDALE FL 33308 US	1831 NE 65TH STREET FORT LAUDERDALE FL 33308 US

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 65-0632753	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
KARVOSKI, DAVID B. 1831 NE 65TH STREET FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE _____

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEES \$150.00 After MAY 1, 2001 Fees will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div>D</div> <div> <div>KARVOSKI, DAVID B</div> <div>1831 NE 65TH STREET</div> <div>FORT LAUDERDALE FL 33308</div> </div> <div> <input type="checkbox"/> Delete </div> </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <input type="checkbox"/> Delete </div>
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[illegible]

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KARVOSKI David Karvoski Date 954-229-9482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DTOR Daytime Phone #