


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90220 036 ***163.75

DOCUMENT # P95000019620		
1. Entity Name MIGHTYCELL, INC.		

Principal Place of Business 1730 SW 30TH AVE., PEMBROKE PINES, FL 33009 US	Mailing Address 1730 SW 30TH AVE., 2ND FLOOR PEMBROKE PINES, FL 33009 US
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J4U04010



2. Principal Place of Business 4099 N 28th WAY	3. Mailing Address 4099 N 28th WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL	4. FEI Number 65-0573088	Applied For <input type="checkbox"/> Not Applicable
Zip 330	Country BROWARD	Zip 33020	Country BROWARD

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVY, STEVEN 2525 N STATE RD 7 STE 215 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name MING JANE HSIEH Street Address (P.O. Box Number is Not Acceptable) 211 NW 72 AVE # 403 City MIA FL Zip Code 33126	
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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 <i>Ming Jane Hsieh</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE APRIL 15, 2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROFFE, RALPH 62 NE 1ST STREET MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMANO, BERNARD 62 NE 1ST STREET MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MING JANE HSIEH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4099 N 28 th WAY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D; V/B; V/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Ralph Roffe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date April 15, 2004 Daytime Phone # 954-374-4000