


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91054 018 ***150.00

DOCUMENT # P95000071830

1. Entity Name
 MICHAEL BUSINESS, INC.



Principal Place of Business
 2812 N.W. 35TH STREET
 MIAMI, FL 33142

Mailing Address
 2812 N.W. 35TH STREET
 MIAMI, FL 33142 US

2. Principal Place of Business
 18090 COLLINS AVE
 Suite, Apt. #, etc. T15

3. Mailing Address
 18090 COLLINS AVE
 Suite, Apt. #, etc. T15

City & State
 COLLINS AVE FL

City & State
 NMB FL

Zip 33160 Country USA

Zip 33160 Country USA



04112004 Chg-P CR2E034 (10/03)

4. FEI-Number 65-0620261 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 PALINSKY, ILA
 2812 NW 35TH ST.
 MIAMI, FL 33142

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D PALINSKY, ILYA 2812 N.W. 35TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18090 COLLINS AVE SUITE T15 NMB FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE: *[Signature]* 4/15/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #