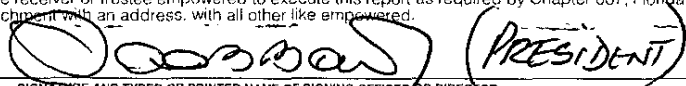


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90289 028 ***150.00

DOCUMENT # P95000074897			
1. Entity Name MIKA TRADING CORP.			
Principal Place of Business 4580 NW 107 AVE. 108 MIAMI, FL 33178 US		Mailing Address 5511 N.W. 112TH AVE #106 MIAMI, FL 33178 US	
2. Principal Place of Business 4580 N.W. 107TH AVE Suite, Apt. #, etc. #108 City & State MIAMI, FLORIDA Zip 33178 Country USA		3. Mailing Address 4580 N.W. 107TH AVE Suite, Apt. #, etc. #108 City & State MIAMI, FLORIDA Zip 33178 Country U.S.A	
			
		04262004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0615230		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBOTT, ALBERTO 5511 N.W. 112TH AVE #106 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name ALBERTO ABBOTT Street Address (P.O. Box Number is Not Acceptable) 4580 N.W. 107TH AVE #108 City MIAMI FL Zip Code 33178	
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 obligation of registered agent. SIGNATURE  (PRESIDENT) 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	PTD ABBOTT, ALBERTO 8100 GENEVA CT SUITE C 232 MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ABBOTT ALBERTO 4580 N.W. 107TH AVE #108 MIAMI, FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  (PRESIDENT)		Date 4/26/04 Daytime Phone # (305) 406-2905	