FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90289 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000074897

1. Entity Name
MIKA TRADING CORP.

Principal Place of Business	Mailing Address
4580 NW 107 AVE. 108 MIAMI, FL 33178 US	5511 N.W. 112TH AVE #106 MIAMI, FL 33178 US

2. Principal Place of Business	3. Mailing Address
4580 N.W. 107TH AVE	4580 N.W. 107th AVE
Suite, Apt. #, etc.: #108	Suite, Apt. #, etc.: #108
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33178 Country: USA	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	7. Name and Address of New Registered Agent
ABBOTT, ALBERTO 5511 N.W. 112TH AVE #106 MIAMI, FL 33178	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 obligations of registered agent.

SIGNATURE: [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
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: [signature] (PRESIDENT) 4/26/04 (305) 406-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #