


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000076010

1. Entity Name
MICHAEL AND ASSOCIATES, INCORPORATED



Principal Place of Business Mailing Address

17 SE 8TH TERRACE 17 SE 8TH TERRACE
 DEERFIELD BEACH, FL 33441 US DEERFIELD BEACH, FL 33441 US

DO NOT WRITE IN THIS SPACE



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0611749 Not Applicable

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

6. Name and Address of Current Registered Agent

MANCINI, NICOLE M
 17 SE 8 TERRACE
 DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

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 _____ 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

000000084841
 03/11/2004-80024-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANCINI, MICHAEL A
STREET ADDRESS	17 S.E. 8TH TERRACE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	V
NAME	MANCINI, PATRICIA G.
STREET ADDRESS	17 SE 8TH TERRACE
CITY - ST - ZIP	DEERFIELD BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: *Michael A Mancini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 954-428-6075
Date Daytime Phone #