2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2004 8:00 am Secretary of State

1. Entity Nam		MICAL, INC.				04-27-200-	4 90074)50 ***1.	50.00	
5710 S.W. 5	e of Business 6TH STREET RDALE, FL 3331	4	Mailing Address 5710 S.W. 56TH STREET FORT LAUDERDALE, FL 33314						•	
2. Principal Place of Business 5640 SW S644 S4 Suite, Apt. #, etc.			3. Mailing Address SEYD SW 56 MJ		* ST					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Chg-P	CR2E0	34 (10/03)	
City & State FJ · Mud			City & State Pf Lm		pro	4. FEI Numb 65-068				oplied For ot Applicable
Zip FCN		Mowers	Zip 3 3 3 64	Country 3	courses	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and	Address of Current R	legistered Agent	Nan	ne	7. Name and	Address of New F	Registered	Agent	
	N, PETER	-		Street Address (P.O. Box Number is Not Acceptable)						
5710 S.W. 56TH STREET FORT LAUDERDALE, FL 33314					564 500 500					
. 277 24 - 124 27 - 124			;	City	10	- the)	FL	Zip Cod	3314
8. The above the obligat	named entity sub- tions of registered	nits this statement for agent.	the purpose of changing its	registered offic	ce or register	ed agent, or bo	th, in the State of Fl	orida. I am	amiliar with,	and accept
SIGNATURE		ř		• • •	-	<u> </u>		•		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees										
10.	PD	OFFICERS AND D	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OFF	ICERS AND		
NAME	MCGOWAN, P		TITLE NAME		رسر	ch Cu) <1	Change L	Addition	
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STREET ADDRESS				STREET ADDRE	W			~	~	ļ
CITY-ST-ZIP	ertify that the infor	mation supplied with t	his filing does not qualify for	the exemption		ction 119.07(3)	i), Florida Statutes	I further cer	tify that the in	nformation
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylore Prome #										

Poster Me Knum