2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P96000066471 1. Entity Name MICOR CAPITAL ADVISORS CORP. Mailing Address Principal Place of Business 417 EAST SHERIDAN STREET, STE. 303 DANIA BEACH FL 33004 417 EAST SHERIDAN STREET, STE. 303 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 65-0686220 Not Applicab! Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWARNIK, MICHAEL W 417 EAST SHERIDAN STREET, STE. 303 Street Address (P.O. Box Number is Not Acceptable) DANIA BEACH FL 33004 Zip Code City 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) TIACI FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition **PST** TITLE Change TITLE Delete U00000322863 BROWARNIK, MICHAEL W NAME NAME 04/22/05-80030-014 150.00 STREET ADDRESS 417 EAST SHERIDAN STREET, STE. 303 STHEET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CHY-SI-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP Addition Delete HH Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete ☐ Change ☐ Addition THE HII F NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-71P Delete Change Addition THEE HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

OFFICER OF DIRECTOR

FILED