


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 015 ***150.00

DOCUMENT # P97000026640 1. Entity Name MIKE'S IMPORT & EXPORT U.S.A., INC.			
Principal Place of Business 550 YOUNG PLACE LAKELAND, FL 33803 US		Mailing Address POST OFFICE BOX 2453 LAKELAND, FL 33806 US	
2. Principal Place of Business 3859 Marquise Lane Suite, Apt. #, etc. 1200		3. Mailing Address P.O. Box 2453 Suite, Apt. #, etc. Lakeland	
City & State Mulberry, Florida Zip 33860		City & State Florida Zip 33806	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANDFORD, DEBORAH E 2280 NW 132ND STR MIAMI, FL 33167		7. Name and Address of New Registered Agent Name DEBORAH E. STANFORD Street Address (P.O. Box Number is Not Acceptable) 3859 Marquise Lane City Mulberry State FL Zip Code 33860	
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 DEBORAH E. STANFORD <i>D. Stanford</i> 3-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME STANFORD, DEBORAH E STREET ADDRESS 2280 NW 132ND STR CITY-ST-ZIP MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete	TITLE DEBORAH E. STANFORD NAME P.O. Box 2453 STREET ADDRESS Lakeland, FL 33806 CITY-ST-ZIP Lakeland, FL 33806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>D. Stanford</i> DEBORAH E. STANFORD 3-25-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			