## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 17, 2007 8:00 am Secretary of State DOCUMENT #\_P97000026640 1. Entity Name 04-17-2007 90244 005 \*\*\*150.00 MIKÉ'S IMPORT & EXPORT U.S.A., INC. Principal Place of Business Mailing Address 3859 MARQUISE LANE POST OFFICE BOX 2453 quuvv~ LAKELAND, FL 33806 US LAKELAND, FL 33806 03022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STANDFORD, DEBORAH E ... DO NOT WRITE 3859 MARQUÍSE LANE MULBERRY, FL 33860 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 DEBORAH E STANFORD Managere Squature, typed or printed name of registered agent and title 4 applicable. (NOTE: 6 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fee Trust Fund Contribution 10. OFFICERS AND DIRECTORS PD TITLE STANFORD, DEBORAH E NAME STREET ADDRESS P.O. BOX 2453 CITY-ST-ZIP LAKELAND, FL 33806 TITS F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: DEBORAH STANFORD E

3-01-07

Daytime Phone #

**FILED**