


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000096731 1. Entity Name MIFSUD ENTERPRISES, INC.	
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Principal Place of Business 5400 LITTLE ROAD NEW PORT RICHEY, FL 34655	Mailing Address 9519 CALLEE ALTA DRIVE NEW PORT RICHEY, FL 34655
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3480204	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MIFSUD, STEVEN 9519 CALLEE ALTA DRIVE NEW PORT RICHEY, FL 34655
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**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MIFSUD, STEVEN 9519 CALLEE ALTA DRIVE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MIFSUD, CAROL 9519 CALLEE ALTA DRIVE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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03/01/04-80024-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *X Carol X Mifsud*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-26-04 X 727 375-0541
Date Daytime Phone #