


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P98000030216 1. Entity Name M & S ICE CREAM CORP. |  |
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|---|---|
| Principal Place of Business 725 NE 167 STREET NORTH MIAMI BEACH, FL 33162 | Mailing Address 725 NE 167 STREET NORTH MIAMI BEACH, FL 33162 |
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DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-0825122 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MIRAGLIOTTA, STEVEN 725 NE 167 STREET NORT MIAMI BEACH, FL 33162 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

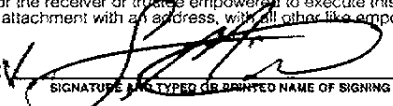
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|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD MIRAGLIOTTA, STEVEN J 725 NE 167 STREET NORTH MIAMI BEACH, FL 33162 |
| 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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 06/14/04-80002-011 550.00

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:  DATE: 6/13/04 DAYTIME PHONE # _____