

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # P98000041015

1. Entity Name
MYLOU SALES, INC.



Principal Place of Business
8468 SICILIAN ST.
BOYNTON BEACH, FL 33437

Mailing Address
8468 SICILIAN ST.
BOYNTON BEACH, FL 33437



2. Principal Place of Business
8468 Siciliano St
Suite, Apt. #, etc.
Bo
City & State
Boynton Beach FL 33437
Zip
33437 Country
USA

3. Mailing Address
8468 Siciliano St
Suite, Apt. #, etc.
Boynton Beach
City & State
Boynton Beach FL 33437
Zip
Country
USA

04272004 Chg-P CR2E034 (10/03) MRS
4. FEI Number
65-0841740 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BICKOFF, WAYNE
8468 SILCILIANA ST.
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name
BICKOFF, WAYNE
Street Address (P.O. Box Number is Not Acceptable)
8468 Siciliano St
City
Boynton Beach FL 33437

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 Wayne Bickoff Pres 5/12/04
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
P BICKOFF, WAYNE
STREET ADDRESS
8468 SICILIANO ST.
CITY-ST-ZIP
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE
NAME
VP BICKOFF, SHARON
STREET ADDRESS
8468 SICILIANO ST.
CITY-ST-ZIP
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600035823476
05/10/04--01086--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Wayne Bickoff WAYNE BICKOFF 5/12/04 561-634-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #