


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90081 014 ***150.00

DOCUMENT # P98000097878


1. Entity Name
MICHAN ENTERPRISES, INC.



Principal Place of Business PENTHOUSE 2-C 2655 LE JEUNE ROAD CORAL GABLES, FL 33134	Mailing Address PENTHOUSE 2-C 2655 LE JEUNE ROAD CORAL GABLES, FL 33134
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2. Principal Place of Business <i>6161 Blue Lagoon Drive</i>	3. Mailing Address <i>6161 Blue Lagoon Drive</i>
Suite, Apt. #, etc. <i>Suite 430</i>	Suite, Apt. #, etc. <i>Suite 430</i>

City & State <i>Miami, Florida</i>	City & State <i>Miami, Florida</i>
Zip <i>33196</i>	Country <i>USA</i>
Zip <i>33196</i>	Country <i>USA</i>



05032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1109508	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DONET, DAVID A ESQ.
PENTHOUSE 2-C
2655 LE JEUNE ROAD
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6161 Blue Lagoon Drive

Suite 430

City *Miami* **FL** Zip Code *33196*

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARCIA, JALANE 2655 LE JEUNE RD., PH 2-C CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRIQUEZ, MOISES 2655 LE JEUNE RD., P.H. 2-C CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6161 Blue Lagoon Drive, Suite 430 Miami, Florida 33196</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6161 Blue Lagoon Drive, Suite 430 Miami, Florida 33196</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Jalane Garcia* **5/3/05** **786-388-9630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #