## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

25 DAVIS BLVD TAMPA FL 33606

3. Mailing Address

City & State

Suite, Apt. #, etc.

## **DOCUMENT # P98000099530**

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

25 DAVIS BLVD TAMPA FL 33606

MIR INTERNATIONAL TRAVEL AGENCY, INC.

Country

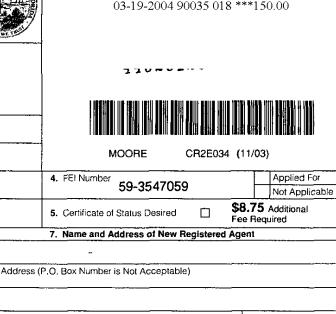
6. Name and Address of Current Registered Agent

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



## FILED Mar 19, 2004 8:00 am **Secretary of State**

03-19-2004 90035 018 \*\*\*150.00



TEPPËR, GREGORY Street Address (P.O. Box Number is Not Acceptable) 25 DAVIS BLVD TAMPA FL 33606

> City Zip Code

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.

(NOTE: Registered Agent signature required when minstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

DATE

 $\Box$ 

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME   STREET ADORESS   CITY-ST-ZIP	PD GRYAZNOV, DMITRY ENERGETIKOV ST #68 ST PETERSBURG, RUSSIA	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPOVETSKY, IGOR SEVERNY PR. 93/274 ST PETERSBURG, RUSSIA	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEPPER, GREGORY 25 DAVIS BLVD TAMPA FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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 trusted 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 attaching with an addiress, with all other like empowered.

SIGNATURE:

GREGOPI