## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 08, 2004 08:00 AM Secretary of State DOCUMENT # P99000007431 1. Entity Name M.I. QUALITY LAWN MAINTENANCE, INC. Principal Place of Business Mailino Address 15665 SOUTHWEST 117TH AVENUE 15665 SOUTHWEST 117TH AVENUE MIAMI, FL 33177 MIAMI, FL 33177 No Chg-P CR2E034 (10/03) 02042004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0890880 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IGELKO, MITCHELL DO NOT WRITE 15665 SW 117 AVE MIAMI, FL 33177 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. (NOTE; Registered Agent signature required when re-natating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD 737LE NAME IGELKO, MITCHELL 15665 SOUTHWEST 117TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 U00000106332 TITLE U4/U8/U4-80011-011 150.00 MAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE

12. I hereby certify that the information supplied with this filling does not qualify for the examption 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 tustee 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: \_

NAME STREET ADDRESS CITY-ST-ZIP TO F NAME SURFET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**