


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000011888</b> 1. Entity Name WITOLD MYSKO, INC.	
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Principal Place of Business 169 FLAGLER, SUITE 621 MIAMI, FL 33131	Mailing Address 169 FLAGLER, SUITE 621 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



02052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0896000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TANEN, JEFFREY S ESQUIRE  
 ONE BISCAYNE TOWER, SUITE 3250  
 TWO SOUTH BISCAYNE BOULEVARD  
 MIAMI, FL 33131

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 STREET ADDRESS CITY-ST-ZIP	D MYSKO, WITOLD 169 E. FLAGLER STREET, SUITE 621 MIAMI, FL 33131
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U00000425265  
 02/18/06-80087-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Witold Mysko **WITOLD MYSKO** 2/5/06 305/374 3432

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