

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90032 022 \*\*\*150.00

**DOCUMENT # P99000048704**

1. Entity Name  
**MIG 19 ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**7503 NW 168 STREET  
 MIAMI, FL 33015**      **7503 NW 168 STREET  
 MIAMI, FL 33015**

**DO NOT WRITE IN THIS SPACE**



03212004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0923590**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134**

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (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 STREET ADDRESS CITY-ST-ZIP	PD FARMER, DONALD L 7503 NW 168 ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FARMER, JULIANNE 7503 NW 168 STREET MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM PHILPOT, GERALD W 7503 NW 168 ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Gerald Philpot*      3/21/04      954-752-3486  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #