## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Mar 03, 2004 08:00 AM Secretary of State

|                                    | MISITOME   |  |                            | - Conveterer of Ctot   |      |
|------------------------------------|--|--|----------------------------|--|------|
| DOCU<br>1. Entity Nam<br>MISHA, II |  | 92   |                            | Secretary of State   |      |
| Principal Plac                     | e of Business  | Mailing Address  |                            | t<br>k   |      |
| 132 N.E 20                         |  | 132 N.E 20 COURT   |                            | ]  |      |
| WILTON MAN                         | IORS, FL 33305   | WILTON MANORS, FL 33305  |                            |  |      |
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|                                    |  | <del></del>  |                            |  |      |
|                                    |  |  |                            | 03012004 No Chg-P CR2E034 (10/03)  |      |
| DO NOT WRITE IN THIS SPACE         |  |  | CE                         | 4. FEI Number Applied For  | ·-i  |
|                                    |  |  |                            | NOT APPLICABLE Not Applica   | ble  |
|                                    |  |  |                            | 5. Certificate of Status Desired \$8.75 Additional   |      |
|                                    |  |  | المرافع والمستعدد المرافع  | 5. Certificate of Status Desired Fee Required  |      |
|                                    | 6. Name and Address of Current Re  | gistered Agent ,   |                            | And the second s |      |
|                                    |  |  |                            |  | }    |
|                                    | T, MICHAEL A   |  |                            | DO NOT WRITE   |      |
|                                    | OTH COURT<br>MANORS, FL 33305  |  |                            |  |      |
| WILLION                            | WANCKS, FL 33305   |  | [                          | IN THIS SPACE  |      |
|                                    |  |  |                            | nt trio of hom   | 1    |
|                                    |  |  |                            |  |      |
| R. The above                       | named entity submits this statement for the  | te ournee of channing its register                                 | ed office or register      | red agent, or both, in the State of Florida. I am familiar with, and acce  | -1-  |
| the obligat                        | ions of registered agent.  | I_A A  | ed Onibo or register       | F  | м    |
|                                    | <i>1</i> 1/  | ITHT /   |                            | 7-1-04   |      |
| SIGNATURE_                         | Signature, typed or printed name of registered egen land                                 | A VIII   | d Agent signatura required |  | -    |
|                                    | Signatura, upod or printed nume or registered edicularity                                | pos applicable. (NOTE highere                                      | o Agent signatura required | d when renerating) DATE  |      |
|                                    | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$850.00                              | 9. Election Campaign Finar Trust Fund Contribution.                | ncing \$5.                 | i.00 May Be<br>ded to Fees   |      |
| 10.                                | OFFICERS AND D   | RECTORS  |                            | AND THE RESERVE OF THE PROPERTY OF THE PROPERT |      |
| TITLE                              | DP   |  |                            |  |      |
| NAME                               | ESPOSITO, MICHAEL A  |  |                            |  |      |
| STREET ADDRESS                     | 132 N.E 20TH COURT   |  | İ                          | U0000074639<br>03/03/04-80028-005 150_0  |      |
| CITY-ST-ZIP                        | WILTON MANORS, FL 33305  | <u> </u>   |                            | _03/03/04-80028-005 150.0  | 0.   |
| TITLE                              |  |  | I .                        |  |      |
| NAME                               |  |  | 1                          |  |      |
| STREET ADDRESS                     |  |  |                            |  | -    |
| CITY - ST - ZIP                    |  |  | I                          |  |      |
| TITLE                              |  |  |                            | •  |      |
| NAME                               |  |  | I                          |  |      |
| STREET ADDRESS                     |  |  | I                          | DO NOT WOITE   |      |
| CITY-ST-ZIP                        |  |  | 4,                         | DO NOT WRITE   |      |
| TITLE                              |  |  |                            | IN THIS SPACE  | Ì    |
| NAME                               |  |  |                            | IN THIS SPACE  |      |
| STREET ADDRESS                     |  |  | l                          |  |      |
| CITY-ST-ZIP                        |  |  | la esta tur                | المائدة والأسمار العدالية والأراب والمقورة البرور فوقت يققور فمرقتي بيرا الزور وراويت  |      |
| TIPLE                              |  |  | 1                          |  |      |
| NAME                               |  |  | I                          |  |      |
| STREET ADDRESS                     |  |  | 1                          |  |      |
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| NAME                               |  |  | 1                          |  |      |
| STREET ADDRESS                     |  |  | I                          |  |      |
| CITY ST-ZIP                        |  |  | 1                          |  | ļ    |
| 12. [hereby                        | certify that the information supplied with the   | is filling does not qualify for the eve                            | motion stated in Sa        | ection 119.07(3)(i), Florida Statutes. I further certify that the information  |      |
| rroicareo                          | on this redon of supplemental report is if   | De and accurate and that my signa                                  | ure shall have the         | same legal effect as it made under path: that I am an officer or director  | nr Ì |
| of the cor                         | rporation or the receiver or trustee empow<br>, or on an attachment with an addless, wit | ered to execute this report as requi<br>h all other like emonwered | red by Chapter 607         | 7, Florida Statutes; and that my name appears in Block 10 or Block 11  | if : |
|                                    |  | A  |                            |  |      |