

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 040 ***150.00

DOCUMENT # P99000066829

1. Entity Name
MICAN ENTERPRISES, INC.



Principal Place of Business
9260 NW 25 ST
SUNRISE, FL 33322

Mailing Address
9260 NW 25 ST
SUNRISE, FL 33322

64010001



2. Principal Place of Business

3. Mailing Address

3109 NW 107 DRIVE

3109 NW 107 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip 33351

Country USA

Zip 33351

Country USA

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0937600

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAY, MICHAEL
9260 NW 25 ST
SUNRISE, FL 33322

7. Name and Address of New Registered Agent

Name

MICHAEL MICHAEL GAY

Street Address (P.O. Box Number is Not Acceptable)

3109 NW 107 DRIVE

City

SUNRISE

FL

Zip Code

33351

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

Michael Gay MICHAEL GAY

3/9/04

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

(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 P ☐ Delete
NAME GAY, MICHAEL
STREET ADDRESS 9260 NW 25 ST
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3109 NW 107 DRIVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Gay MICHAEL GAY

3/9/04

954 578 5203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #