

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90205 038 \*\*\*150.00

DOCUMENT # P99000093865



1. Entity Name

MICOM LOUNGE, INC.

Principal Place of Business

1440 S.E. 15 ST.  
FT. LAUDERDALE FL 33316

Mailing Address

1440 S.E. 15 ST.  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3045 NTH. FEDERAL Hwy 2871 NE 8th St.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)



City & State

FT. LAUDERDALE FL Pompano Beach FL

City & State

Zip  
33306

Country  
USA

Zip  
33062

Country  
USA

4. FEI Number

98-7793160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COMER, AILEEN  
1440 S.E. 15 ST.  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRENNAN, MICHAEL  
STREET ADDRESS 1440 S.E. 15 ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D ☐ Delete  
NAME COMER, AILEEN  
STREET ADDRESS 1440 S.E. 15 ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

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  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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:

Aileen Comer

Aileen Comer

4/29/05 954 261-8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #