

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90256 019 ***158.75

DOCUMENT # P99000094183 1. Entity Name MIKJAM, INC.					
Principal Place of Business 8463 N LAKE FOREST DR FORT LAUDERDALE, FL 33328			Mailing Address 8463 N LAKE FOREST DR FORT LAUDERDALE, FL 33328		
2. Principal Place of Business 4101D NW 9th Ct Suite, Apt. #, etc.		3. Mailing Address 8463 N LAKE FOREST DR Suite, Apt. #, etc.			
City & State PLANTATION, FL		City & State DAVIE, FL		4. FEI Number 65-0959669	
Zip 33317		Country BROWARD		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASNES, RONALD S ESQ. 433 PLAZA REAL SUITE 275 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name HARVEY + THELMA LOCKHART Street Address (P.O. Box Number is Not Acceptable) 8463 N LAKE FOREST DRIVE City DAVIE State FL Zip Code 33328			
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 <u><i>Harvey Lockhart</i></u> DATE <u><i>4/20/04</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LOCKHART, HARVEY 1220 NE 215 STREET MIAMI, FL 33179	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOCKHART, THELMA 1220 NE 215 STREET MIAMI, FL 33179	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LOCKHART, HARVEY 8463 N LAKE FOREST DR DAVIE, FL 33328	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOCKHART, THELMA 8463 N LAKE FOREST DR DAVIE, FL 33328	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u><i>Thelma Lockhart</i></u> DATE <u><i>4/19/04</i></u> DAYTIME PHONE # <u><i>954-581-8184</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					