


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S73400
1. Entity Name
BIG MIKE'S, INC.



Principal Place of Business
**2450 VULCAN RD
APOPKA, FL 32703**

Mailing Address
**2450 VULCAN RD
APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3079239

Applied For
Not Applicable

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

B. Name and Address of Current Registered Agent

**PERALTA, BOLIVAR
2450 VULCAN RD
APOPKA, FL 32703**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P PERALTA, BOLIVAR 2450 VULCAN RD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTRELLA, IRIS 2450 VULCAN ROAD APOPKA, FL 32703
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05/04/05-80002-007 150.00

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: *Bolivar Peralta* **4-28-05** **407 291-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #