

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90017 041 ***150.00

DOCUMENT # V29525

1: Entity Name

MIK TRADING, INC.



Principal Place of Business

4800 N 37TH ST
HOLLYWOOD FL 33021
US

Mailing Address

4800 N 37TH ST
HOLLYWOOD FL 33021
US

44000410



MOORE CR2E034 (11/03)

2. Principal Place of Business

4800 N. 37th ST

Suite, Apt. #, etc.

3. Mailing Address

4800 N. 37th ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33021

Country

Zip

33021

Country

4. FEI Number

65-0329876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAHAVI, MICHAEL
3900 N. PARK ROAD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name ZAHAVI, MICHAEL

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

4800 N. 37th STREET

City HOLLYWOOD

FL

Zip Code 33021

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	ZAHAVI, MICHAEL	
STREET ADDRESS	3900 N PARK ROAD	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZAHAVI, MICHAEL	
STREET ADDRESS	3900 N PARK ROAD	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZAHAVI, MALKA	
STREET ADDRESS	3900 N PARK ROAD	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *M. Zohavi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #