

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003115

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** MIRAMAX FINANCE INTERNATIONAL LIMITED INC.

**Current Principal Place of Business:**

556 MAIN STREET, CHARLESTOWN  
NEVIS, WEST INDIES, XX XX XX

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 20-1169415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DMD  
Name: BATH, ALLAN WILLIAM  
Address: PO BOX 556  
City-St-Zip: CHARLESTOWN, NEVIS, XX XX XX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN WILLIAM BATH

DMD

03/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date