

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008968

Entity Name: MIA INVESTORS, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

2023 N. W. 84TH. AVENUE
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 226257
MIAMI, FL 33122

New Mailing Address:

P. O. BOX 226257
MIAMI, FL 33222

FEI Number: 74-3158541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, ALBERTO J
2023 N. W. 84TH. AVENUE
DORAL, FL 33122 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

MANAGING MEMBERS/MANAGERS:

Title: P/D () Delete
Name: ALBERTO, MARINO J
Address: 2023 N. W. 84TH. AVENUE
City-St-Zip: DORAL, FL 33122

Title: S/D () Delete
Name: RODRIGUEZ, ORLANDO
Address: 16840 S. W. 87TH. COURT
City-St-Zip: MIAMI, FL 33157

Title: T/D () Delete
Name: ARABATZIS, ANGELO
Address: 11730 S. W. 114TH. TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALBERTO J. MARINO

PRES

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date