

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52554

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: MIAMI OFFICE MOVING, INC.

**Current Principal Place of Business:**

% HERMELIO MARIN  
10701 SW 43 LN  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

% HERMELIO MARIN  
10701 SW 43 LN  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 65-0176097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARIN, HERMELIO  
10701 SW 43 LN  
MIAMI, FL 33165      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARIN, HERMELIO,  
Address: 10701 SW 43 LN  
City-St-Zip: MIAMI, FL

Title: V ( ) Delete  
Name: MARIN, RITA MARIA  
Address: 10701 SW 43RD LANE  
City-St-Zip: MIAMI, FL 33165

Title: M ( ) Delete  
Name: MORAN, JOSE LUIS  
Address: 19240 SW 119 PL  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: LOPEZ, JOSE SERVANDO  
Address: 4620 SW 116 AVE  
City-St-Zip: MIAMI, FL 33165

Title: T ( ) Delete  
Name: RODRIGUEZ, FERNANDO O  
Address: 2980 NW 79TH STREET  
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete  
Name: REYES, SILVIO FERMIN  
Address: 181 GRAND CANAL DRIVE  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERMELIO O. MARIN

PD

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date