

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000034909  
 1. Entity Name  
 M.I.G. INTERNATIONAL REALTY, INC.



Principal Place of Business      Mailing Address  
 8559 S.W. 114 PLACE      8559 S.W. 114 PLACE  
 MIAMI, FL 33173      MIAMI, FL 33173

**DO NOT WRITE IN THIS SPACE**



02032006    No Chg-P    CRZE034 (11/05)

4. FEI Number 65-1099996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARCIA, MARIA ISABEL  
 8559 S.W. 114 PLACE  
 MIAMI, FL 33173

**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 title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PD GARCIA, MARIA ISABEL 8559 S.W. 114 PLACE MIAMI, FL 33173
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00000500121  
 04/25/06-80011-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Maria Isabel Garcia*    MARIA ISABEL GARCIA    04-05-06    274-0616    305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    PRESIDENT-DIRECTOR    Date    O anytime Phone #