

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000103149	
1. Entity Name MURANO-POPA CORPORATION	

Principal Place of Business 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33131	Mailing Address 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33131
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04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 14-1840290	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VILLANUEVA, CARLOS J ESQ 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33131

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**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**

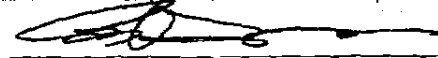
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05/16/06-R00153-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COJAB, EMILIO 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BISTRE DE COJAS, MARGARITA 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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:

 **CARLOS J. VILLANUEVA
ATTY IN FACT**

4-28-06 305 377 0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone