

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094884

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: 1234 MIAMI CORP.

**Current Principal Place of Business:**

1925 BRICKELL AVE  
#1104  
MIAMI, FL 33129 US

**New Principal Place of Business:**

**Current Mailing Address:**

1925 BRICKELL AVE  
#1104  
MIAMI, FL 33129 US

**New Mailing Address:**

FEI Number: 20-1272235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAFFO, RENE  
1925 BRICKELL AVE  
#1104  
MIAMI, FL 33129 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: P  
Name: RAFFO, RENE  
Address: 1925 BRICKELL AVE # 1104  
City-St-Zip: MIAMI, FL 33129 US

Title: VP  
Name: RAFFO, ELENA  
Address: 1925 BRICKELL AVE # 1104  
City-St-Zip: MIAMI, FL 33129

Title: S  
Name: RAFFO, ELENA  
Address: 1925 BRICKELL AVE # 1104  
City-St-Zip: MIAMI, FL 33129 US

Title: T  
Name: RAFFO, ELENA  
Address: 1925 BRICKELL AVE # 1104  
City-St-Zip: MIAMI, FL 33129 US

Title: D  
Name: RAFFO, SOFIA  
Address: 1925 BRICKELL AVE # 1104  
City-St-Zip: MIAMI, FL 33129

Title: D  
Name: RAFFO, JESSICA  
Address: 1925 BRICKELL AVE 1104  
City-St-Zip: MIAMI, FL 33129

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: AURELIO REEN RAFFO

P

02/16/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date