

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031101

FILED
Mar 25, 2009
Secretary of State

Entity Name: MOVIE B MIAMI, INC.

Current Principal Place of Business:

635 EUCLID AVE. #103
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

635 EUCLID AVE. #103
MIAMI, FL 33139

New Mailing Address:

FEI Number: 20-4403268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMER & GEORGES-PIERRE, P.A.
100 NORTH BISCAYNE BOULEVARD
1003
MIAMI, FL 33132 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: CEO () Delete
Name: DOLLE, AARON P
Address: 921 JEFFERSON AVENUE # 2D
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: RAY, KENNETH A
Address: 635 EUCLID AVENUE # 103
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: DOLLE, AARON P
Address: 921 JEFFERSON AVENUE # 2D
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: RAY, KENNETH A
Address: 635 EUCLID AVENUE # 103
City-St-Zip: MIAMI BEACH, FL 33139

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:

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 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: KENNETH RAY

_____ Electronic Signature of Signing Officer or Director

MEMB

03/25/2009

_____ Date