


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000031750**

1. Entity Name  
**MIAMI SHORES COMMERCIAL BUILDING, INC.**



Principal Place of Business 10886 N.E. 6TH AVENUE MIAMI, FL 33161	Mailing Address 10886 N.E. 6TH AVENUE MIAMI, FL 33161
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0658502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VILLANUEVA, GLADYS  
 10886 N.E. 6TH AVENUE  
 MIAMI, FL 33161

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 VILLANUEVA, GLADYS 884 80TH STREET MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VILLANUEVA, NIVALDO 884 80TH STREET MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VILLANUEVA, OMAR 884 80TH STREET MIAMI BEACH, FL 33141
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100000023201  
 02/02/04-80017-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] 1/12/04 (305) 754-9431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #