

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000006134

**Entity Name:** A D MIRACLE, INC.

**Current Principal Place of Business:**

2483 W 80 ST.  
HIALEAH, FL 33016

**Current Mailing Address:**

2483 W 80 ST.  
HIALEAH, FL 33016

**FEI Number:** 65-0806316

**Certificate of Status Desired:** No

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

CABANAS & ASSOCIATES, PA  
10520 N.W. 26ST STE C201  
MIAMI, FL 33172 US

*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

**Officer/Director Detail :**

Title	D	Title	OM
Name	CABANAS, JOSEPH F	Name	CZAMANSKI, LEON M
Address	10520 N.W. 26ST STE C201	Address	2483 W 80 ST
City-State-Zip:	DORAL FL 33172	City-State-Zip:	HIALEAH FL 33016

*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:** LEON CZAMANSKI

OM

04/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date