

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90218 041 ***150.00

DOCUMENT # 205918

1. Entity Name
MIAMI TRANSFER COMPANY, INC.



Principal Place of Business
10340 N.W. 37TH AVENUE
P.O. BOX 680579
MIAMI, FL 33168-0579

Mailing Address
P.O. BOX 680-520
MIAMI, FL 33168-0520

462

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0822319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD & MCDONALD
1393 SW FIRST STREET
SUITE 200
MIAMI, FL 33135-2386

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
UTVICH, MICHAEL
10340 N.W. 37TH AVE.
MIAMI, FL 331471019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~CST~~ RS
UTVICH, LORNA RANDALL
131 N.W. LEJUNE
MIAMI, FL 330544435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CST D
UTVICH, GREGORY T
131 N LEJEUNE
MIAMI, FL 330544435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL UTVICH

Date

4/24/06

Daytime Phone #

303
688-2222