

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90072 018 ***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**

DO NOT WRITE IN THIS SPACE



02052007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C.E.O. - D
NAME	UTVICH, MICHAEL
STREET ADDRESS	10340 N.W. 37TH AVE.
CITY - ST - ZIP	MIAMI, FL 331471019
TITLE	C.S.T. - D
NAME	UTVICH, LORNA RANDALL
STREET ADDRESS	13121 N.W. LEJEUNE RD.
CITY - ST - ZIP	MIAMI, FL 330544435
TITLE	PRES. - D
NAME	UTVICH, GREGORY T
STREET ADDRESS	13121 N.W. LEJEUNE RD.
CITY - ST - ZIP	MIAMI, FL 330544435
TITLE	CHMN. - D
NAME	UTVICH, DARYL
STREET ADDRESS	P.O. BOX 622462
CITY - ST - ZIP	ORLANDO, FL 328622462
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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

Date

Daytime Phone #

Signature of Michael Utvich
C.E.O. MICHAEL UTVICH 3/27/07 305/688-2222