

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90010 010 \*\*\*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**



01302008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CEOD
NAME	UTVICH, MICHAEL
STREET ADDRESS	10340 N.W. 37TH AVE.
CITY-ST-ZIP	MIAMI, FL 331471019
TITLE	CSTD
NAME	UTVICH, LORNA RANDALL
STREET ADDRESS	131 N.W. LEJUNE
CITY-ST-ZIP	MIAMI, FL 330544435
TITLE	PD
NAME	UTVICH, GREGORY T
STREET ADDRESS	131 N LEJEUNE
CITY-ST-ZIP	MIAMI, FL 330544435
TITLE	CD
NAME	UTVICH, DARYL
STREET ADDRESS	PO BOX 622462
CITY-ST-ZIP	ORLANDO, FL 32862
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:**

*Gregory T. Utvich* President

4/25/08

305-688-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #