## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED **DOCUMENT # 410699** Jan 22, 2007 08:00 AM **Secretary of State** MIAMILAND INVESTMENT CORPORATION Principal Place of Business Mailing Address 1611 SOUTHWEST 32ND AVENUE MIAMI FL 33145-1829 1611 SOUTHWEST 32ND AVENUE MIAMI FL 33145-1829 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-1522488 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo VILLAAMIL, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1611 S.W. 32ND AVENUE MIAMI FL 33145 City Zip Codo 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SD ☐ Change Addition TITLE Delete HIH VILLAAMIL, GLORIA H NAME NAME U00000597393 1611 SW 32ND AVE STREET ADORESS STREET ADDRESS 01/24/07-80035-004 150.00 MIAMI FL 33145 CITY-ST-ZIP CHY-ST-7IP Change ■ Addition THE ☐ Delete HHE VILLAAMIL, GLORIA NAME NAME 1611 SW 32ND AVE STREET ADDRESS STRUET ADDRESS MIAMI FL 33145 CHY-SI-7IP COY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAM NAME STREET ADDRESS STREET LADDIESS CITY-S1-71P CHY-ST-ZIP Addition IIII. Delete Change STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TITLE Delete Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-7P ☐ Change Addition ш ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under earl; 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