

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90070 048 \*\*\*150.00

**DOCUMENT # 449758**  
 1. Entity Name  
**EDUARDO C. MIRANDA, INC.**



Principal Place of Business      Mailing Address  
 2020 NW 96 AVE      2020 NW 96 AVE  
 MIAMI FL 33172      MIAMI FL 33172

2. Principal Place of Business      3. Mailing Address  
**13200 SW 128 ST**      **13200 SW 128 ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**G-1**      **G-1**

City & State      City & State  
**MIAMI FL**      **Miami FL**  
 Zip      Country      Zip      Country  
**33186**      **Dade**      **33186**      **Dade**

4. FEI Number      Applied For  
**59-1638852**       Not Applicable

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

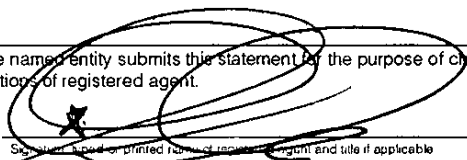


1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**MIRANDA, EDUARDO C**  
**2020 NW 96TH AVENUE**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name      **Miranda Eduardo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13200 SW 128 ST G-1**  
 City      **Miami**      FL      Zip Code      **33186**

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       DATE **1/29/05**

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, EDUARDO C. 11331 NW 58 TERRACE MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIRANDA, CARLOS M. 3422 SW 154TH COURT MIAMI FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:       DATE **1/29/05**      305-234  
Signature typed or printed name of signing officer or director      Date      Daytime Phone #