

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90185 001 ***150.00

DOCUMENT # 456028

1. Entity Name
MIAMI TAPE, INC.



40004300

Principal Place of Business
**550 W 84TH ST
HIALEAH, FL 33014-3616 US**

Mailing Address
**550 W 84TH ST
HIALEAH, FL 33014-3616 US**

2. Principal Place of Business - No P.O. Box
6200 W 21 Court
Suite, Apt. #, etc.

3. Mailing Address
6200 W 21 Court
Suite, Apt. #, etc.



04192007 Chg-P CR2E034 (12/06)

City & State
Hialeah, FL
Zip
33016-2655 Country

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Hialeah, FL
Zip
33016-2655 Country

4. FEI Number
59-1552708 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, CARLOS
510 N.W. 32ND AVE.
MIAMI, FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **PD** ☐ Delete
NAME **GARCIA, CARLOS O.**
STREET ADDRESS **510 N.W. 32ND AVENUE**
CITY-STATE-ZIP **MIAMI, FL**

TITLE **SD** ☒ Delete
NAME **GONZALEZ, DARIO**
STREET ADDRESS **1865 BRICKELL AVE APT 708**
CITY-STATE-ZIP **MIAMI, FL**

TITLE **VD** ☒ Delete
NAME **PAGE, ROBERTO**
STREET ADDRESS **550 W 84TH ST**
CITY-STATE-ZIP **HIALEAH, FL**

TITLE **TD** ☒ Delete
NAME **MORENO, JOSE A**
STREET ADDRESS **17200 N.W. 86 AVENUE**
CITY-STATE-ZIP **HIALEAH, FL**

TITLE **D** ☒ Delete
NAME **PAGE, JOSE**
STREET ADDRESS **550 WEST 84TH ST**
CITY-STATE-ZIP **HIALEAH, FL**

TITLE **VP** ☐ Delete
NAME **GARCIA, CARLOS**
STREET ADDRESS **1820 SW 83RD AVE**
CITY-STATE-ZIP **MIAMI, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **6200 W. 21 COURT**
STREET ADDRESS **Hialeah, FL**
CITY-STATE-ZIP **33016-2655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **6200 W. 21 COURT**
STREET ADDRESS **Hialeah, FL**
CITY-STATE-ZIP **33016-2655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

4/23/07

Date

(305) 558-9211

Daytime Phone #