


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 594619 1. Entity Name M. SAN MIGUEL, INC.			
Principal Place of Business 4442 SEAGROPE DR FORT LAUDERDALE, FL 33308 US		Mailing Address 4442 SEA GRAPE DR LAUDERDALE BY THE SEA, FL 33308 US	
DO NOT WRITE IN THIS SPACE			
		 01152007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1870257	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAN MIGUEL, MIGUEL 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 33308		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000590295 01/18/07-80051-011 150.00
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	SAN MIGUEL, MIGUEL		
STREET ADDRESS	4442 SEA GRAPE DR		
CITY-ST-ZIP	LAUD BY THE SEA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-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: 		1/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	