


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 606484 1. Entity Name MIRON BUILDING PRODUCTS CO., INC.	
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Principal Place of Business 19400 WEST DIXIE HIGHWAY N. MIAMI BEACH, FL 33180	Mailing Address 19400 WEST DIXIE HIGHWAY N. MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE

FILED

06 APR -6 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1883345	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

MIRON, JULIE
19400 W.DIXIE HWY.
N.MIAMI BCH., FL 33180

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

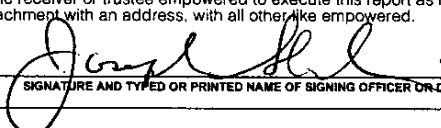
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRON, STEPHEN E 23 KHAKUM WOOD ROAD GREENWICH, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARKIN, JOSEPH S 7234 NW 116TH WAY PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/12/06--01015--018 **88.75

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:  3-31-06 305-931-4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Re Michelle Milligan
we only have to pay 88.⁷⁵
we have a credit of 61.²⁵

Dept. of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Michelle Milligan