

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90272 039 ***158.75

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DOCUMENT # F02000000955 1. Entity Name MIROMAR DEVELOPMENT, INC. OF CANADA					
Principal Place of Business 237 HYMUS BLVD. POINTE-CLAIRE, QUEBEC CANADA H9R 5C7,			Mailing Address 237 HYMUS BLVD. POINTE-CLAIRE, QUEBEC CANADA H9R 5C7,		
2. Principal Place of Business		3. Mailing Address 10801 Corescrew Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 305			
City & State 		City & State Estero, FL			
Zip 	Country 	Zip 33928	Country USA	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GESCHWENDT, MARK W 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 10801 Corescrew Road Suite 305 City Estero FL Zip Code 33928		
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 <small>Signature, typed or printed name of registered agent and use if applicable.</small>				DATE 3/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, MARGARET J 237 HYMUS BLVD. POINTE-CLAIRE, QUE., CANADA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLER, ROBERT J 237 HYMUS BLVD. POINTE-CLAIRE, QUE., CANADA,	<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				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Margaret J. Miller, President		
Date 3/1/05			Daytime Phone # 239/948-3666		