

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	
Suite, Apt. #, etc.		10801 Corescrew Road Suite 305	
City & State		City & State Estero, FL	
Zip	Country	Zip	Country
33928	USA	33928	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GESCHWENDT, MARK W 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134		Name: <u>Same</u> Street Address (P.O. Box Number is Not Acceptable): 10801 Corescrew Road Suite 305 City: <u>Estero</u> FL Zip Code: <u>33928</u>	
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: <u>3/1/05</u>	
SIGNATURE, typed or printed name of registered agent and use if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>3/1/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Margaret J. Miller, President</u>		DATE 3/1/05	
		Daytime Phone # <u>239/948-3666</u>	