2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39058

Name:

Address:

City-St-Zip:

PERDOMO, AIDA

HIALEAH, FL 33016

8433 W OKEECHOBEE RD

FILED Apr 21, 2009 Secretary of State

Entity Nar	ne: MIAMI P	'AN AMERICAN REALT'	, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
8433 W. OKEECHOBEE RD HIALEAH GARDENS, FL 33016				12484 NW SOUTH RIVER DR MEDLEY, FL 33178			
Current Mailing Address:				New Mailing Address:			
	KEECHOBEI GARDENS, F			12484 NW MEDLEY, I			
FEI Number:	59-2095559	FEI Number Applied Fo	· () FEI Nur	mber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LAWRENCE, MICHAEL 8433 W. OKEECHOBEE RD HIALEAH, FL 33016 US				LAWRENCE, MICHAEL 12484 NW SOUTH RIVER DR MEDLEY, FL 33178 US			
	named entity e of Florida.	submits this statement	or the purpose o	of changing i	ts registe	red office or registered agent, or both,	
SIGNATURE:				04/21/2009			
	Electro	onic Signature of Registe	red Agent			Date	
Election Car	npaign Financi	ng Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PABLO, VALE 8433 W. OKE) Delete DES J ECHOBEE RD. RDENS, FL 33016		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LAWRENCE, 8433 W OKE			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	s () Delete		Title [.]	s	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

VALDES, PABLO J 12484 NW SOUTH RIVER DR

MEDLEY, FL 33178

SIGNATURE: PABLO J VALDES **TREA** 04/21/2009