

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48954

Entity Name: MIACON, INC.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

% GRACE P. CARINGAL
3616 49TH ST N
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

% GRACE P. CARINGAL
13449 PERIWINKLE AVE.
SEMINOLE, FL 33776

New Mailing Address:

% GRACE P. CARINGAL
3616 49TH ST N
ST. PETERSBURG, FL 33710

FEI Number: 27-5362155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARINGAL, GRACE P.
13449 PERIWINKLE AVENUE
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARINGAL, JOSE B.,
Address: 13449 PERIWINKLE AVE
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: CARINGAL, GRACE P.,
Address: 133449 PERIWINKLE AVE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOSE B. CARINGAL

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date