## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # J64500** 02-23-2005 90057 040 \*\*\*158.75 M.I.R.A. INTERNATIONAL, INC. Principal Place of Business Mailing Address 1410 N.E. 8TH AVE. 1410 N.E. 8TH AVE. P.O. BOX 4230 P.O. BOX 4230 OCALA, FL 34478 OCALA, FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chq-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-2967948 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 风 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DEMENZES, CHARLES** Street Address (P.O. Box Number is Not Acceptable) **1410 NE 8TH AVE** OCALA, FL 34470 City Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP ☐ Change ☐ Addition TITLE Delete TITLÉ DEMENZES, CHARLES NAME NAME 1410 N.E. 8TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL CITY-ST-ZP Addition Change TITLE TITLE ☐ Defete TEFFREY ROADERICK 1410 NE 8º AVE DOALA, FL 34470 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP - Change Addition TITLE Delete TITLE BETTE T. ROADERICK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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 a dodress, with all other like empowered. SIGNATURE:

FILED

Feb 23, 2005 8:00 am