


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/1: **FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90182 011 \*\*\*\*55.00

<b>DOCUMENT # L06000035288</b>			
1. Entity Name <b>MIRO ENTERPRISES, LLC</b>			
Principal Place of Business <b>3511 S.W. 139 COURT MIAMI, FL 33175</b>		Mailing Address <b>3511 S.W. 139 COURT MIAMI, FL 33175</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-4632246</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. SECOND STREET, SUITE 2900 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>MIGUEL MARTINEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3511 SW 139 Ct.</b> City <b>MIAMI</b> FL Zip Code <b>33175</b>	
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 <i>Miguel Martinez</i> (NOTE: Registered Agent signature required when addressing) DATE <b>4/9/2007</b>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President / Sec MIGUEL MARTINEZ 3511 SW 139 Ct. MIAMI FL</b> <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	<b>V.P. Pres / Treas. ROSA MARTINEZ 3511 SW 139 Ct. MIAMI, FL 33175</b> <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
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
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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Miguel Martinez</i>		Date <b>4/9/2007</b> Phone # <b>305-635-2818</b>	
SIGNATURE AND TYPED PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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