2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 10, 2005 08:00 AM DOCUMENT # L33091 1. Entity Nama **Secretary of State** MIRAVALLE INC. Principal Place of Business Mailing Address % JOSE HERNANDEZ 10698 SW 24TH ST MIAMI FL 33165 % JOSE HERNANDEZ 10698 SW 24TH ST **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0157691 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, JOSE 10698 SW 24TH ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP TOTLE ☐ Delete Change Addition HERNANDEZ, JOSE U00000223012 N2/10/05-80028-002 150.00 NAME NAME STRFFT ADDRESS 10698 SW 24TH ST STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP MIAMI FL DST TOTLE Delete HILE Change ☐ Addition NAME HERNANDEZ, RUTH NAME STREET ADDRESS 10698 SW 24TH ST STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-7IP TITLE Delete ☐ Addition HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TODE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

02-01-05