

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45905

Entity Name: MIAMI MUFFLER CORP.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

10530 SW 185 TERR  
MIAMI, FL 331577616

**New Principal Place of Business:**

**Current Mailing Address:**

10530 SW 185 TERR  
MIAMI, FL 331577616

**New Mailing Address:**

FEI Number: 65-0172013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLAR, MIGUEL, JR.  
10530 SW 185 TERR  
MIAMI, FL 331576754 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: VPT ( ) Delete  
Name: MIGUEL, VILLAR  
Address: 12020 SW 180 STREET  
City-St-Zip: PERRINE,

Title: PSD ( ) Delete  
Name: MIGUEL, JR., VILLAR  
Address: 8771 NW 14 STREET  
City-St-Zip: PEMBROKE PINES, FL

**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 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 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: MIGUEL VILLAR

PRES

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date