

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52554

FILED
Jul 05, 2004
Secretary of State

Entity Name: MIAMI OFFICE MOVING, INC.

Current Principal Place of Business:

% HERMELIO MARIN
10701 SW 43 LN
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

% HERMELIO MARIN
10701 SW 43 LN
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0176097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIN, HERMELIO
10701 SW 43 LN
MIAMI, FL 33165 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARIN, HERMELIO,
Address: 10701 SW 43 LN
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: MARIN, RITA,
Address: 10701 SW 43 LN
City-St-Zip: MIAMI, 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: HERMELIO O. MARIN

MR.

07/05/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date