

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90265 026 ***150.00

DOCUMENT # L52554 1. Entity Name MIAMI OFFICE MOVING, INC.					
Principal Place of Business % HERMELIO MARIN 10701 SW 43 LN MIAMI, FL 33165			Mailing Address % HERMELIO MARIN 10701 SW 43 LN MIAMI, FL 33165		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARIN, HERMELIO 10701 SW 43 LN MIAMI, FL 33165			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIN, HERMELIO		NAME	Moran, Jose Luis	
STREET ADDRESS	10701 SW 43 LN		STREET ADDRESS	19240 SW 119 PL	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33177	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIN, RITA		NAME	Marin, Rita Maria	
STREET ADDRESS	10701 SW 43 LN		STREET ADDRESS	10701 SW 43rd. Lane	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33165	
TITLE	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lopez, Jose Servando	
STREET ADDRESS			STREET ADDRESS	4620 SW 116 Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33165	
TITLE	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rodriguez, Fernando Oranger	
STREET ADDRESS			STREET ADDRESS	2980 NW 79th. Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33147	
TITLE	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Reyes, Silvio Fermin	
STREET ADDRESS			STREET ADDRESS	181 Grand Canal Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33144	
TITLE	<input type="checkbox"/> Delete		TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rodriguez, Jose Luis	
STREET ADDRESS			STREET ADDRESS	12460 SW 190 Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33177	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-05-05 (305) 554-6683 <small>Date Daytime Phone #</small>		

40059025



03312005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0176097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, HERMELIO
10701 SW 43 LN
MIAMI, FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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Date Daytime Phone #