


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90011 009 \*\*\*150.00

<b>DOCUMENT # L57330</b> 1. Entity Name MIRANDA & SONS, INC.	
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Principal Place of Business 3000 S.W. 3 AVENUE, STE 308 MIAMI, FL 33129 US	Mailing Address 3000 S.W. 3 AVENUE, STE 308 MIAMI, FL 33129 US
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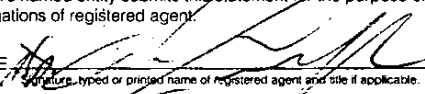
01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0183203	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GUILLEN, ANA M 250 CARALONIA AVE. #400 CORAL GABLES, FL 33134
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTONIO C. P. DE MIRANDA 3000 S.W. 3 AVENUE, STE 308 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARCO T. R. DE MIRANDA 3000 S.W. 3 AVENUE, STE 308 MIAMI, FL 33129
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<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____