


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000124 1. Entity Name MS. SPIRIT OF MIAMI PAGEANTS, INC.	
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Principal Place of Business 1024 NW 38TH ST MIAMI, FL 33127	Mailing Address 1024 NW 38TH ST MIAMI, FL 33127
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04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEHARRY, TERONICA L 1024 NW 38TH ST MIAMI, FL 33127

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHARRY, TERONICA 1024 NW 38 STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEHARRY, NARVIN 1024 NW 38TH ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGUEIRA, CONNIE 1024 NW 38TH ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, MALARGO 1024 NW 38TH ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARSON, JUSTIN 1024 NW 38TH ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000350539
05/02/05-80110-001 61.25

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IN THIS SPACE**

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 617, 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: *Teronica L Beharry* **04/29/2005** **(305) 688-8738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #