## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003876

FILED Mar 25, 2009 Secretary of State

Entity Name: MISSION MIAMI, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
12815 SW MIAMI, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
12815 SW MIAMI, FL			P.O. BOX 961147 MIAMI, FL 33296	US	
FEI Number:	03-0506593	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
VEGA, DAVID 12815 SW 134 CT. MIAMI, FL 33186 US			VEGA, DAVID 18650 SW 210 STR MIAMI, FL 33187	18650 SW 210 STREET	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				03/25/2009	
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () BASKIN, BILLY 16800 NW 22 AV MIAMI, FL 3305	/E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS () WOODBURY, NI 10005 SW 23 TE MIAMI, FL 3318	ERR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT () VALVERDE, AUG 2323 SW 27 AVI MIAMI, FL 3314	≣	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () VEGA, DAVID 18650 SW 210 S MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID VEGA PD 03/25/2009