## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011817

Entity Name: MIRATELL, INC

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6900 SILVER STAR ROAD 6900 SILVER STAR ROAD SUITE 110 SUITE 110

ORLANDO, FL 328183186 ORLANDO, FL 328185786

Current Mailing Address: New Mailing Address:

6900 SILVER STAR ROAD SUITE 110 6900 SILVER STAR ROAD SUITE 110

SUITE 110 SUITE 110

ORLANDO, FL 328183186 ORLANDO, FL 328185786

FEI Number: 61-1548136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, LUCY LEWIS, LUCY

6900 SİLVER STAR ROAD

SUITE 110

ORLANDO, FL 328183186 US

6900 SİLVER STAR ROAD

SUITE 110

ORLANDO, FL 328185786 US

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: LUCY LEWIS 03/04/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO () Delete Title: PO (X) Change () Addition

Name: LEWIS, LUCY Name: LEWIS, LUCY

Address: 6900 SILVER STAR ROAD SUITE 110 Address: 6900 SILVER STAR ROAD SUITE 110

City-St-Zip: ORLANDO, FL 328183186 City-St-Zip: ORLANDO, FL 328185786

Title: VS ( ) Delete Title: VP (X) Change ( ) Addition

Name: MILLER, RALLAND Name: LEWIS, LUCY

Address: 6900 SILVER STAR ROAD SUITE 110 Address: 6900 SILVER STAR ROAD SUITE 110

City-St-Zip: ORLANDO, FL 328183186 City-St-Zip: ORLANDO, FL 328185786

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: LUCY LEWIS P 03/04/2009