

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23246

FILED
Mar 20, 2009
Secretary of State

Entity Name: MIAMI MINI-CANES, INC.

Current Principal Place of Business:

C/O HORACIO SIERRA
5035 SW 140TH CT.
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

C/O HORACIO SIERRA
5035 SW 140TH COURT
MIAMI, FL 33175 US

New Mailing Address:

C/O HORACIO SIERRA
5035 SW 140TH CT.
MIAMI, FL 33175

FEI Number: 65-0010566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIERRA, HORACIO
5035 SW 104TH CT.
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

SIERRA, HORACIO F
5035 SW 104TH CT.
MIAMI, FL 33175 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: HORACIO SIERRA

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIERRA, HORACIO,
Address: 5035 SW 140TH CT.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SIERRA, MARIA,
Address: 5035 SW 140 CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SIERRA LYAN,
Address: 5035 S.W. 140 CT.
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: SIERRA, HORACIO J
Address: 5035 S.W. 140 CT.
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HORACIO SIERRA

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date