

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000014858

1. Entity Name

MI TIERRAMERICA TRAVEL, INC.



Principal Place of Business

636 EAST 4TH AVE.
HIALEAH, FL 33010

Mailing Address

636 EAST 4TH AVE.
HIALEAH, FL 33010



01042008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0982982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEYVA, ABEL
342 E 47 ST
HIALEAH, FL 33013

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEYVA, ABEL
STREET ADDRESS	342 E 47 ST
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

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01/08/08-80004-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

01-04-2008

(305) 882-0818