


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90291 013 ***150.00

DOCUMENT # P00000024074 1. Entity Name NORTH MIA, CORP.					
Principal Place of Business 2075 NE 181 STREET #702 AVENTURA, FL 33180 US			Mailing Address 2742 BISCAYNE BLVD MIAMI, FL 33137		
2. Principal Place of Business 18851 N.E. 29 AV Suite, Apt. #, etc. 105 City & State AVENTURA Zip 33180 Country US			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0993328			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01092004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent BARREIRO, PABLO G 2075 NE 181 STREET #702 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29 AV # 105 City AVENTURA FL Zip Code 33180		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARRERIO, PABLO G 17050 N. BAY RD APT 1203 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	17050 N. BAY RD APT. 1203 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BEATRIZ BARREIRO 17050 N. BAY RD APT 1203 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BEATRIZ BARREIRO 17050 N. BAY RD APT 1203 SUNNY ISLES, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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			02/27/04 Date Daytime Phone #		

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