2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066198

Entity Name: MIAMI MAR INC.

FILED Jan 16, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1172 S. DIXIE HWY 1172 SOUTH DIXIE HWY

#369 #369

MIAMI, FL 33146 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

1172 SOUTH DIXIE HWY 1172 S. DIXIE HWY #369

#369 MIAMI, FL 33146 CORAL GABLES, FL 33146

FEI Number: 65-1093286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LUACES, JOAQUIN LUACES, JOAQUIN E 1172 S DIXIE HWY 1172 SOUTH DIXIE HWY #369 #369

MIAMI, FL 33146 US CORAL GABELS, FL 33146 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: JOAQUIN LUACES 01/16/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: MGRM (X) Change () Addition LUACES, JOAQUIN LUACES, JOAQUIN E PRES Name: Name: 1172 SOUTH DIXIE HWY #369 1172 SOUTH DIXIE HWY #369 Address: Address:

City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

() Delete Title: Title: MGR (X) Change () Addition Name: BRELAND, EVERETT Name: LUACES, J. ENRIQUE VP 1172 S DIXIE HWY #369 1172 SOUTH DIXIE HWY #369 Address: Address: CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: VΡ () Delete MGR LUACES, JOAQUIN E Name: RHYNE, REBECA SEC Name:

1172 S. DIXIE HWY #369 1172 SOUTH DIXIE HWY #369 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN LUACES **PRES** 01/16/2009