## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000033130

1. Entity Name MIATECH INTERNATIONAL CORP.



**FILED** Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

1112 SW 1ST STREET MIAMI, FL 33130-1011 Mailing Address

1112 SW 1ST STREET MIAMI, FL 33130-1011



04152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1091625

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEZZIA, PAULA 1837 LIGHTHOUSE CT. WESTON, FL 33327

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE			d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1.6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEZZIA, PAULA 1837 LIGHTHOUSE CT. WESTON, FL 33327			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEZZIA, PIERO 1837 LIGHTHOUSE CT. WESTON, FL 33327			05/15/07-80062-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEZZIA, CLAUDIA C 1837 LIGHTHOUSE CT. WESTON, FL 33327			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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 and the like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF MISHING OFFICER OR DIRECTOR