

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000033130

1. Entity Name
MIATECH INTERNATIONAL CORP.



Principal Place of Business
1112 SW 1ST STREET
MIAMI, FL 33130-1011

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



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

U00000940130
05/28/08-80054-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PEZZIA, PAULA
STREET ADDRESS 1837 LIGHTHOUSE CT.
CITY-ST-ZIP WESTON, FL 33327

TITLE SD
NAME PEZZIA, PIERO
STREET ADDRESS 1837 LIGHTHOUSE CT.
CITY-ST-ZIP WESTON, FL 33327

TITLE TD
NAME PEZZIA, CLAUDIA C
STREET ADDRESS 1837 LIGHTHOUSE CT.
CITY-ST-ZIP WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

04-28-08

Date

305-324-1519

Daytime Phone #