## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000064118

Entity Name: MIRAMAR GYMNASTICS & PARTIES, INC.

FILED Jan 17, 2007 Secretary of State

y	1011 10111 (7 (1017)	it offinitioned at Airtheo,					
Current P	rincipal Plac	New Prince	New Principal Place of Business:				
	VILLAGE TE FL 33326	R		11940 MIRAMAR PARKWAY MIRAMAR, FL 33025  New Mailing Address:			
Current M	lailing Addre	ss:	New Maili				
325 PATIO VILLAGE TER WESTON, FL 33326				1372 SW 181ST AVENUE PEMBROKE PINES, FL 33029			
FEI Number:	: 65-1116762	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certifica	ate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
IGOL, MAF 1372 SW 1 PEMBROK		33029 US					
	named entity e of Florida.	submits this statement for the	ourpose of changing i	its registered of	fice or r	registered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent			Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( BONINO, MAR 325 PATIO VIL WESTON, FL	LAGE TERR.	Title: Name: Address: City-St-Zip:	()	Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VMD ( IGOL, MARIEL 325 PATIO VIL WESTON, FL	LAGE TERR.	Title: Name: Address: City-St-Zip:	VMD (X) IGOL, MARIELA 1372 SW 181S PEMBROKE PIN	Г AV.	( ) Addition	
Title: Name: Address: City-St-Zip:	•	) Delete IO LAGE TER	Title: Name: Address: City-St-Zip:		Change ) Γ AV.	( ) Addition	
Title: Name:	SD ( CINTI, CLARA	) Delete	Title: Name:	( )	Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MARIELA IGOL VMD 01/17/2007

325 PATIO VILLAGE TER

WESTON, FL 33326

Address:

City-St-Zip: