

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081389

Entity Name: MYRAAN ENTERPRISES, INC.

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

500 EAST OAKLAND PARK BLVD.  
WILTON MANORS, FL 33305 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2534  
FORT LAUDERDALE, FL 33301 US

## New Mailing Address:

FEI Number: 65-1130638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLE, JAMES O  
10 NURMI DRIVE  
FT. LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MAYS, JACKIE  
Address: 500 EAST OAKLAND PARK BLVD.  
City-St-Zip: WILTON MANORS, FL 33305 US

Title: DST ( ) Delete  
Name: COLE, JAMES O T  
Address: 10 NURMI DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP ( ) Change (X) Addition  
Name: THORNTON, TOMMY  
Address: 500 BONTONA AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

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.

SIGNATURE: JAMES O. COLE

DST

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date