


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000116700</b>			
1. Entity Name <b>MIRABAL ENGINEER CONTRACTOR, INC.</b>			
Principal Place of Business <b>19998 SW 380TH ST HOMESTEAD FL 33034</b>		Mailing Address <b>19998 SW 380TH ST HOMESTEAD FL 33034</b>	
2. Principal Place of Business <b>19998 SW 380 ST</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>---</b>		Suite, Apt. #, etc. <b>Same</b>	
City & State <b>HOMESTEAD</b>		City & State <b>Same</b>	
Zip <b>33034</b>	Country <b>FL</b>	Zip <b>Same</b>	Country <b>Same</b>
6. Name and Address of Current Registered Agent  <b>MIRABAL, JOSE 19998 SW 380TH ST HOMESTEAD FL 33034</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____	



1st MOORE CR2E034 (10/05)

4. FEI Number **65-1158027** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MIRABAL, JOSE 19998 SW 380TH ST HOMESTEAD FL 33034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000453713 03/14/06-80031-023 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP RAMON, MARTINEZ 5850 SW 45 TERR MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jose Mirabal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/2006*  
Date Daytime Phone #