## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000119346

Entity Name: MIAMI SCAN MACHINE CORP.

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
ALHAMNRA BUISNESS 4815 NW 79TH AVE., SI DORAL, FL 33166 U	UITE 9		
Current Mailing Address:		New Mailing Address:	
4815 NW 79TH AVE. SUITE 9 DORAL, FL 33166			
FEI Number: 01-0547976	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MCKENZIE, ALEXANDER PRES 4815 NW 79TH AVE.		MACKENZIE, ALEXANDER PRES 4815 NW 79TH AVE.	

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.

SUITE 9

DORAL, FL 33166 US

SIGNATURE: ALEXANDER MACKENZIE 03/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

SUITE 9

DORAL, FL 33166 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MCKENZIE, ALEXANDER MACKENZIE, ALEXANDER Name: Name: 4815 NW 79TH AVE. SUITE 9 Address: 4815 NW 79TH AVE. SUITE 9 Address: City-St-Zip: DORAL, FL 33166 City-St-Zip: DORAL, FL 33166 Title: () Delete Title: () Change () Addition PEÑA. JENNIE Name: Name: 4815 NW 79TH AVE. SUITE 9 Address: Address:

Address: 4815 NW /91H AVE. SUITE 9 Address:
City-St-Zip: DORAL, FL 33166 City-St-Zip:

Title: S ( ) Delete Title: ( ) Change ( ) Addition Name: MEJIA, JESSICA Name:

 Name
 MESIA, JESSICA
 Name

 Address:
 4815 NW 79TH AVE. SUITE 9
 Address:

 City-St-Zip:
 DORAL, FL 33166
 City-St-Zip:

Title: ( ) Delete Title: T ( ) Change (X) Addition

Name: Name: MACKENZIE, MONIQUE
Address: Address: 4815 NW 79TH AVE. STE. 9

City-St-Zip: City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: ALEXANDER MACKENZIE P 03/19/2008