

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119346

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MIAMI SCAN MACHINE CORP.

**Current Principal Place of Business:**

ALHAMNRA BUISNESS CENTER  
4815 NW 79TH AVE., SUITE 9  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

4815 NW 79TH AVE.  
SUITE 9  
DORAL, FL 33166

**New Mailing Address:**

FEI Number: 01-0547976      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACKENZIE, ALEXANDER PRES  
4815 NW 79TH AVE.  
SUITE 9  
DORAL, FL 33166 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: P ( ) Delete  
Name: MACKENZIE, ALEXANDER  
Address: 4815 NW 79TH AVE. SUITE 9  
City-St-Zip: DORAL, FL 33166

Title: V ( ) Delete  
Name: PEÑA, JENNIE  
Address: 4815 NW 79TH AVE. SUITE 9  
City-St-Zip: DORAL, FL 33166

Title: S ( ) Delete  
Name: MEJIA, JESSICA  
Address: 4815 NW 79TH AVE. SUITE 9  
City-St-Zip: DORAL, FL 33166

Title: T ( ) Delete  
Name: MACKENZIE, MONIQUE  
Address: 4815 NW 79TH AVE. STE. 9  
City-St-Zip: DORAL, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: T (X) Change ( ) Addition  
Name: SALGADO, JOHANA  
Address: 4815 NW 79TH AVE. STE. 9  
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

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date