


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000060942**

1. Entity Name  
**MIAMI CHOPPERS, INC.**



Principal Place of Business      Mailing Address  
 8034 NW 103RD ST #18      8034 NW 103RD ST #18  
 HIALEAH GARDENS, FL 33016      HIALEAH GARDENS, FL 33016

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03142007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**03-0470265**      Not Applicable

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

**8. Name and Address of Current Registered Agent**

**SUAREZ, MIGUEL E**  
 8034 NW 103RD ST  
 # 18  
 HIALEAH GARDENS, FL 33016

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:       DATE

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SUAREZ, MIGUEL E	
STREET ADDRESS	8034 NW 103RD ST # 18	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUAREZ, YAUMARA	
STREET ADDRESS	8034 NW 103RD ST # 18	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000673353	
STREET ADDRESS	03/29/07-80026-012 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**       Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR