

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071171

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: MIAMI IMPROV CORPORATION

## Current Principal Place of Business:

P. O. BOX 430668  
MIAMI, FL 331430668

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 430668  
MIAMI, FL 331430668

## New Mailing Address:

FEI Number: 03-0471178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139 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: D ( ) Delete  
Name: PERDOMO, ALEX  
Address: P. O. BOX 430668  
City-St-Zip: MIAMI, FL 331430668

Title: D ( ) Delete  
Name: SUAREZ, DAVID  
Address: P. O. BOX 430668  
City-St-Zip: MIAMI, FL 331430668

Title: D ( ) Delete  
Name: BLACK, STEFANIE  
Address: P. O. BOX 430668  
City-St-Zip: MIAMI, FL 331430668

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

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

Title: D ( ) Change (X) Addition  
Name: JANER, CARLOS  
Address: P. O. BOX 430668  
City-St-Zip: MIAMI, FL 331430668

Title: D ( ) Change (X) Addition  
Name: FORBES, SCOTT A  
Address: P. O. BOX 430668  
City-St-Zip: MIAMI, FL 331430668

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEFANIE BLACK

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date