

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90239 037 ***150.00

DOCUMENT # P02000071171

1. Entity Name
MIAMI IMPROV CORPORATION



Principal Place of Business
P. O. BOX 430668
MIAMI, FL 33143-0668

Mailing Address
P. O. BOX 430668
MIAMI, FL 33143-0668

40091214



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

04302008 Chg-P CR2E034 (12/06)

4. FEI Number

03-0471178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SUAREZ, DAVID**
STREET ADDRESS **P. O. BOX 430668**
CITY-ST-ZIP **MIAMI, FL 331430668**

TITLE ☒ Delete
NAME **D BLACK, STEFANIE**
STREET ADDRESS **P. O. BOX 430668**
CITY-ST-ZIP **MIAMI, FL 331430668**

TITLE ☐ Delete
NAME **D JANER, CARLOS**
STREET ADDRESS **P. O. BOX 430668**
CITY-ST-ZIP **MIAMI, FL 331430668**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP **(see attached for another addition)**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D MADERA, LUIS-DAVID**
STREET ADDRESS **P.O. BOX 430668**
CITY-ST-ZIP **MIAMI, FL 33143-0668**

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D CARBALLEA, MANUEL**
STREET ADDRESS **P.O. BOX 430668**
CITY-ST-ZIP **MIAMI, FL 33143-0668**

TITLE ☐ Change ☒ Addition
NAME **D LAO, JR., FERNANDO**
STREET ADDRESS **P.O. BOX 430668**
CITY-ST-ZIP **MIAMI, FL 33143-0668**

TITLE ☐ Change ☒ Addition
NAME **D BUDDIN, JENNIFER**
STREET ADDRESS **P.O. BOX 430668**
CITY-ST-ZIP **MIAMI, FL 33143-0668**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


4/29/2008 305-693-8667

Date

Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P02000071171 1. Entity Name MIAMI IMPROV CORPORATION					
Principal Place of Business P. O. BOX 430668 MIAMI, FL 33143-0668			Mailing Address P. O. BOX 430668 MIAMI, FL 33143-0668		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0471178	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	D CHAMBERLAIN, SHANNON		
STREET ADDRESS		STREET ADDRESS	P.O. BOX 430668		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33143-0668		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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SIGNATURE: <u>(signature on first page) Carl June 4/29/08</u>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					