

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90233 020 ***158.75

DOCUMENT # P02000079334

1. Entity Name
MIAMI PAFER, CORP.



Principal Place of Business
12605 BISCAYNE BLVD
MIAMI, FL 33181

Mailing Address
12605 BISCAYNE BLVD
MIAMI, FL 33181

1400000000



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0787731

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, REMMY
~~13234 SW 110 TERR #3~~ 19550 NE 26 AVE
~~MIAMI, FL 33186~~ MIAMI FL 33180

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

4-24-5

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME PAREDES, JOSE
STREET ADDRESS 13234 SW 110 TERR #3 19810 NE 26 AVE
CITY-ST-ZIP MIAMI, FL 33186 MIAMI FL 33180

TITLE S
NAME DIAZ, REMMY
STREET ADDRESS 13234 SW 110 TERR #3 19550 NE 26 AVE
CITY-ST-ZIP MIAMI, FL 33186 MIAMI FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* JOSE PAREDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-5 305 892 6250

Date

Daytime Phone #