FILED
May 15, 2007 8:00 am
Secretary of State

04-19-2007 90216 020 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

DOCUMENT # P02000080534

1. Entity Name
AWNING OF MIAMI, INC.

Principal Place of Business
10090 N.W. 80 CT #1456
HIALEAH GARDENS, FL 33016

Mailing Address
10090 N.W. 80 CT #1456
HIALEAH GARDENS, FL 33016

02202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4644 sw 75 ave	P.O.B 771196
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155 Country: U.S.A	Zip: 33177 Country:

4. FEI Number: 16-1623830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, ALEJANDRO VP
10090 N.W. 80 CT #1456
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 ______________________
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEVIA, MYRNA PD 10090 N.W. 80 CT #1456 HIALEAH GARDENS, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD ALEJANDRO RODRIGUEZ 10090 n.w 80 crt HIALEAH, FL, 33016 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD RODRIGUEZ, ALEJANDRO SVD 10090 N.W. 80 CT #1456 HIALEAH GARDENS, FL 33016 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: M Hevia 04/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #