

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90031 039 \*\*\*150.00

bb4U2J84



MOORE CR2E034 (11/03)

<b>DOCUMENT # P02000084128</b> 1. Entity Name <b>MIRAMAR BUILDERS, INC.</b>																																																																													
Principal Place of Business <b>17117 N. LAKESHORE ROAD LUTZ FL 33558</b>			Mailing Address <b>17117 N. LAKESHORE ROAD LUTZ FL 33558</b>																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																										
City & State			City & State																																																																										
Zip		Country		4. FEI Number <b>52-2373150</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </div>																																																																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																													
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, GUSTAVO 17117 N. LAKESHORE ROAD LUTZ FL 33558</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <i>[Signature]</i> <span style="float: right;">0-17-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD <b>HERNANDEZ, GUSTAVO</b> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>17117 N. LAKESHORE ROAD</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>LUTZ FL 33558</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD <b>HERNANDEZ, VIVIAN</b> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>17117 N. LAKESHORE ROAD</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>LUTZ FL 33558</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> </table> </div> </div>						TITLE	PD <b>HERNANDEZ, GUSTAVO</b> <input type="checkbox"/> Delete	NAME	<b>17117 N. LAKESHORE ROAD</b>	STREET ADDRESS	<b>LUTZ FL 33558</b>	CITY-ST-ZIP		TITLE	SD <b>HERNANDEZ, VIVIAN</b> <input type="checkbox"/> Delete	NAME	<b>17117 N. LAKESHORE ROAD</b>	STREET ADDRESS	<b>LUTZ FL 33558</b>	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	_____	TITLE	_____ <input type="checkbox"/> Delete	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	_____	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	_____
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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: <i>[Signature]</i> <span style="float: right;">2/17/04 813-908</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1102</small>																																																																													