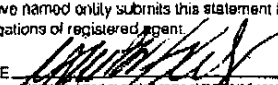
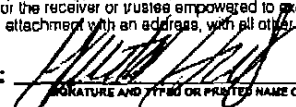


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000084128			
1. Entity Name MIRAMAR BUILDERS, INC.			
Principal Place of Business 17117 N. LAKESHORE ROAD LUTZ, FL 33558		Mailing Address 17117 N. LAKESHORE ROAD LUTZ, FL 33558	
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
4. FEI Number 52-2373150		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A DELTONA, FL 32725		7. Name and Address of New Registered Agent Name GUSTAVO HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 17117 LAKESHORE RD. City LUTZ, FL Zip Code 33558	
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 		DATE 04/03/08	
Amended AR is \$61.25		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	PO HERNANDEZ, GUSTAVO 17117 N. LAKESHORE ROAD LUTZ, FL 33558 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary HERNANDEZ, VIVIAN 17117 LAKESHORE RD LUTZ, FLORIDA 33558 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	04-10-08 80025 003 & 150 - 261.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	04/14 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE 04/03/08 813-477-8411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

08 APR 14 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04032008 Chg-P CR2E034 (12/08)