

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000084921

1. Entity Name
MIAMI FINISHING, INC.



Principal Place of Business
7249 NW 36 COURT
MIAMI, FL 33147

Mailing Address
7249 NW 36 COURT
MIAMI, FL 33147



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1970150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARX, JAMES
848 BRICKELL AVE., SUITE 750
MIAMI, FL 33131

**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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000241390
02/24/05-80040-020 158 75

10. OFFICERS AND DIRECTORS

TITLE C
NAME WOLF, RICHARD B
STREET ADDRESS 625 BILTMORE WAY
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE P
NAME POPLIN, MARK K
STREET ADDRESS 17435 N.W. 85 AVE.
CITY - ST - ZIP MIAMI, FL 33015

TITLE S
NAME POPLIN, LISA
STREET ADDRESS 16321 ONTERIO PL.
CITY - ST - ZIP DAVIE, FL 33331

TITLE T
NAME WYRICK, DAVID
STREET ADDRESS 20524 S.W. 52 MANOR
CITY - ST - ZIP PEMBROKE PINES, FL 33332

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)(f), 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:

Mark K. Poplin, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 836-1300