


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000085483 1. Entity Name IMPROV MIAMI, INC.	
--	---

Principal Place of Business 3390 MARY STREET COCONUT GROVE, FL 33133	Mailing Address 3390 MARY STREET COCONUT GROVE, FL 33133
--	--

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1663531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PEREZ-CAPPELLI, ALFREDO
3390 MARY STREET
COCONUT GROVE, FL 33133

**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: ALFREDO PEREZ-CAPPELLI 01/05/07
(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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACHKOFF, JOEL 3390 MARY STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ-CAPPELLI, ALFREDO 3390 MARY STREET COCONUT GROVE, FL 33133
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	

U00000577936
01/09/07-80009-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: ALFREDO PEREZ-CAPPELLI 01/05/07 290-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #