

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000085483

Entity Name: IMPROV MIAMI, INC.

FILED
Jun 23, 2009
Secretary of State**Current Principal Place of Business:**3390 MARY STREET
COCONUT GROVE, FL 33133**New Principal Place of Business:****Current Mailing Address:**3390 MARY STREET
COCONUT GROVE, FL 33133**New Mailing Address:**

FEI Number: 06-1663531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:PEREZ-CAPELLI, ALFREDO
3390 MARY STREET
COCONUT GROVE, FL 33133 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: BACHKOFF, JOEL
Address: 3390 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133Title: S (X) Delete
Name: PEREZ-CAPELLI, ALFREDO
Address: 3390 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P/S (X) Change () Addition
Name: PEREZ-CAPELLI, ALFREDO
Address: 3390 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO PEREZ-CAPELLI

PRES

06/23/2009

Electronic Signature of Signing Officer or Director

Date