FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90187 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000108812

1. Entity Name
MIR 21 REALTY, INC.

Principal Place of Business
14580 S TAMIAMI TRAIL, UNIT B
NORTH PORT, FL 34287

Mailing Address
14580 S TAMIAMI TRAIL, UNIT B
NORTH PORT, FL 34287

01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
117 Ortega Pl.	117 Ortega Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL	City & State: North Port, FL
Zip: 34287 Country:	Zip: 34287 Country:

4. FEI Number: 04-3717191 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MIRONENKO, ANATOLIY
411 PONDEROSA RD
VENICE, FL 34293

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIRONENKO, ANATOLIY		NAME	
STREET ADDRESS	411 PONDEROSA RD		STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIRONENKO, VIKTORIYA		NAME	
STREET ADDRESS	411 PONDEROSA RD.		STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: T. M Anatoliy Mironenko 01/19/05 (941) 423-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #