**FILED**
**Apr 04, 2007 8:00 am**
**Secretary of State**
03-21-2007 90045 024 ***158.75

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000113772

1. Entity Name
MIAMI INTERNATIONAL BROKERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1776 NW 95 AVE<br>MIAMI, FL 33172 | 1776 NW 95 AVE<br>MIAMI, FL 33172 |

**DO NOT WRITE IN THIS SPACE**

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3089504
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWREY, SCOTT E
1776 NW 95 AVE
MIAMI, FL 33172

**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 Scott E 3-12-07
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, 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 | D |
| NAME | LOWREY, SCOTT E |
| STREET ADDRESS | 1776 NW 95 AVE |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | S |
| NAME | SNYDER, STEVE M |
| STREET ADDRESS | 573 S.W. 169 AVENUE |
| CITY-ST-ZIP | WESTON, FL 33326 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
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| 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 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:** Scott E
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #