

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90050 031 ***150.00

DOCUMENT # P02000132241

1. Entity Name

MIRANDA'S PLACE, INC.



Principal Place of Business

9-C PALM HARBOR VILLAGE WAY
PALM COAST FL 32137

Mailing Address

9-C PALM HARBOR VILLAGE WAY
PALM COAST FL 32137

2. Principal Place of Business

PALM HARBOR VILLAGE WAY

3. Mailing Address

PALM HARBOR VILLAGE WAY

Suite, Apt. #, etc.

9C

Suite, Apt. #, etc.

9C

City & State

PALM COAST - FLORIDA

City & State

PALM COAST - FLORIDA

Zip

32137

Country

USA

Zip

32137

Country

USA

6. Name and Address of Current Registered Agent

DONALD W. DUNCAN, P.A.
21 OLD KINGS RD. NORTH, B-110
PALM COAST FL 32137

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

2/25/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
D
MIRANDA, ANDREA
9C PALM HARBOR VILLAGE WAY
PALM COAST FL 32137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIRANDA, CARLOS A
9C PALM HARBOR VILLAGE WAY
PALM COAST FL 32137

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

[Signature] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04 (386)447-8518

Date

Daytime Phone #