

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90134 017 \*\*\*150.00

<b>DOCUMENT # P02000132241</b> 1. Entity Name <b>MIRANDA'S PLACE, INC.</b>					
Principal Place of Business <b>9C PALM HARBOR VILLAGE WAY</b> <b>PALM COAST FL 32137</b>			Mailing Address <b>9C PALM HARBOR VILLAGE WAY</b> <b>PALM COAST FL 32137</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>9A PALM HARBOR VILLAGE WAY</b> City & State <b>PALM COAST - FL</b> Zip <b>32137</b> Country <b>USA</b>			3. Mailing Address Suite, Apt. #, etc. <b>9A PALM HARBOR VILLAGE WAY</b> City & State <b>PALM COAST - FL</b> Zip <b>32137</b> Country <b>USA</b>		
4. FEI Number <b>14-1860859</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>DONALD W. DUNCAN, P.A.</b> <b>21 OLD KINGS RD. NORTH, B-110</b> <b>PALM COAST FL 32137</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, ANDREA 9C PALM HARBOR VILLAGE WAY PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, CARLOS A 9C PALM HARBOR VILLAGE WAY PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE:

*Andrea Miranda*  
ANDREA MIRANDA

4/5/05 (386)447-8518

Date

Daytime Phone #