**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Apr 21, 2004 8:00 am Secretary of State 4/ **DOCUMENT # P03000007808** 04-05-2004 90353 001 \*\*\*150.00 1. Entity Name 04-05-2004 90353 002 \*\*\*\*\*8.75 MIR REMODELATIONS AND FLOORS, INC. Mailing Address Principal Place of Business 8231 NW 8 ST, NO 201 MIAMI FL 33126 8231 NW 8 ST, NO 201 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 05/ 407 9231 wee Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (11/03) no 201 City & State City & State 4. FEI Number Applied For KLIALI 560-231 709B Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 23/20 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIR. ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 8231-NW-8-ST,-NO 201-MIAMI FL 33126 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 ALLIQUIOU ure, typed or printed name of registered about and title if applicable. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Owner, Officer, Director Doller Alexander Mir 8231 NW 8 Street, NO.201 Miami, FL 33/26 MILE TIRE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 THLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition D Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TTLE Addition Delete TITLE NAME NAME STREET ADORESS STREET ADORESS 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 charged, or on an attachment with an address, with all other like empowered.

**FILED**