

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011759

FILED
Mar 13, 2007
Secretary of State

Entity Name: MIRACLE MILE COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

1619 NW 27TH AVE
MIAMI, FL 33125

New Principal Place of Business:

955 NW. 3 ST.
SUITE # 105
MIAMI, FL 33128

Current Mailing Address:

1619 NW 27TH AVE
MIAMI, FL 33125

New Mailing Address:

955 NW. 3 ST.
SUITE # 105
MIAMI, FL 33128

FEI Number: 01-0766798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, LUISA
5555 COLLINS AVE
#14D
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, LUISA E
Address: 5555 COLLINS AVE #14D
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISA PEREZ

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date