


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90044 022 ***150.00

DOCUMENT # P03000014043		
1. Entity Name MIAFERCHILL INTERNATIONAL, INC.		

Principal Place of Business 10060 N.W. 9TH CIRCLE, #5 MIAMI, FL 33172	Mailing Address 10060 N.W. 9TH CIRCLE, #5 MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box <i>2500 NW 79 Ave</i>	3. Mailing Address <i>2500 NW 79 Ave</i>
Suite, Apt. #, etc. <i>231</i>	Suite, Apt. #, etc. <i>231</i>
City & State <i>Doral, FL</i>	City & State <i>Doral, FL</i>
Zip <i>33122</i>	Zip <i>33122</i>
Country	Country



07182007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2315588	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LICONA, ARGELIS 10060 N.W. 9TH STREET CIRCLE #5 MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name <i>Licona Argelis</i> Street Address (P.O. Box Number is Not Acceptable) <i>2500 NW 79 Ave #231</i> City <i>Doral</i> FL Zip Code <i>33122</i>	
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 <i>Argelis Licona</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LICONA, ARGELIS 10060 N.W. 9ST CIRCLE, #5 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Licona Argelis</i> <i>2500 NW 79 Ave #231 Doral FL 33122</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: <i>Argelis Licona</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____