

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/1

FILED
May 17, 2004 8:00 am
Secretary of State

04-19-2004 90412 007 ***150.00

DOCUMENT # P03000029455 1. Entity Name MIRANDA CONSTRUCTION & DEVELOPMENT, INC.					
Principal Place of Business 3536 DEER OAK DR. JENSEN BCH FL 34957			Mailing Address P. O. BOX 347 JENSEN BCH FL 34957		
2. Principal Place of Business 991 Town Terrace Suite, Apt. #, etc. Jensen Beach City & State 71		3. Mailing Address PO 347 Suite, Apt. #, etc. Jensen Beach City & State 71			
Zip 34957		Country US		Zip 34958	
Country US		4. FEI Number 74 308324			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRANDA, MICHAEL J 3536 DEER OAK DR. JENSEN BCH FL 34957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 991 TOWN TERRACE Jensen Beach City FL Zip Code 34957		
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 <u><i>M. J. Miranda</i></u> DATE <u>2/4/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MIRANDA, MICHAEL J P. O. BOX 347 JENSEN BCH FL 34958		<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 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: <u><i>M. J. Miranda</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/15/04</u> Daytime Phone # <u>772 370 3074</u>		

66422311



MOORE CR2E034 (11/03)
74 308324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, MICHAEL J
3536 DEER OAK DR.
JENSEN BCH FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

991 TOWN TERRACE
Jensen Beach

City

FL

Zip Code

34957

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SIGNATURE:

M. J. Miranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/04

Date

772 370 3074

Daytime Phone #