

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000029455

1. Entity Name

MIRANDA CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business

**991 TOWN TERRACE
JENSEN BCH FL 34957**

Mailing Address

**P. O. BOX 347
JENSEN BCH FL 34957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FLI Number

74-3083234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIRANDA, MICHAEL J
991 TOWN TERRACE
JENSEN BCH FL 34957**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **PVST** ☐ Delete
NAME: **MIRANDA, MICHAEL J**
STREET ADDRESS: **P. O. BOX 347**
CITY- ST- ZIP: **JENSEN BCH FL 34958**

TITLE: **VP** ☐ Delete
NAME: **MIRANDA, KATHY**
STREET ADDRESS: **P.O. BOX 347**
CITY- ST- ZIP: **JENSEN BEACH FL 34958**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
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TITLE: ☐ Delete
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CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY- ST- ZIP: ☐ Change ☐ Add

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CITY- ST- ZIP: ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06

772.370.307