2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-10-2006 90107 007 ***150.00

DOCUMENT # P03000031207

1. Entity Name
MIOZOTTIS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
801 SW 26 ROAD MIAMI FL 33126	801 SW 26 ROAD MIAMI FL 33126

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
801 SW 26 Rd.	801 SW 26 Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Miami
City & State: Miami FL.	City & State: Miami FL
Zip: 33129 Country: Dade	Zip: 33129 Country: DADE

4. FEI Number 02-0682363 ☐ 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
CHUMI, CARLOTA 801 SW 26 ROAD MIAMI FL 33126	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 reinstating) 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 Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHUMI, CARLOTA		NAME		
STREET ADDRESS	801 SW 26 ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHUMI PEREZ, LUIS F		NAME		
STREET ADDRESS	801 SW 26 ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Luis F. Chumi 6-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #