2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000032261.

1. Entity Name
MIRANDA BUILDERS, INC.



FILED Apr 19, 2007 08:00 AM Secretary of State

Principal Place of Business

11110 INDIAN OAKS DRIVE TAMPA, FL 33625 Mailing Address

11110 INDIAN OAKS DRIVE TAMPA, FL 33625



03222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 35-2201492

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

	o. Haille alla Madress of Carrett Kehls	reren waarr			1
MIRANDA, JOSE R 11110 INDIAN OAKS DRIVE TAMPA, FL 33625			DO NOT WRITE IN THIS SPACE		
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 Fiorida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Squature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required with					DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	¢ing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SAME SAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PD MIRANDA, JOSE R 11110 INDIAN OAKS DRIVE TAMPA, FL 33625 VD MIRANDA, DOREEN 11110 INDIAN OAKS DRIVE TAMPA, FL 33625	STORS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					U00000717299 04/30/07-80042-018 150.00

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07 913 36/3810 Daytime Phone #