


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90003 024 \*\*\*150.00

<b>DOCUMENT # P03000033167</b>	
1. Entity Name M.R.MIRANDO&ASSOCIATES INC.	

Principal Place of Business 11850 APPALOOSA CT PORT ST LUCIE, FL 34987 US	Mailing Address 11850 APPALOOSA CT PORT ST LUCIE, FL 34987 US
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14027470



2. Principal Place of Business 11850 Appaloosa Ct Suite, Apt. #, etc.	3. Mailing Address 11850 Appaloosa Ct Suite, Apt. #, etc.
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09012004 Chg-P CR2E034 (10/03)

City & State Port St. Lucie	City & State Port St. Lucie
Zip 34988	Zip 34988
Country St. Lucie	Country St. Lucie

4. FEI Number 27-0052473	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 MIRANDO, MICHAEL R 11850 APPALOOSA CT PORT ST LUCIE, FL 34987
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7. Name and Address of New Registered Agent Name: Michael Miranda Street Address (P.O. Box Number is Not Acceptable): 11850 Appaloosa Ct City: Port St. Lucie FL Zip Code: 34988
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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>Michael Miranda</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: <u>9/20/04</u>
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Michael Miranda</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>9/20/04</u> 772 979 1858 Daytime Phone #

Attachment

14027470

9/20/04

# P03000033167

TO WHOM IT MAY CONCERN

I am sorry I never mailed  
out my Annual Report. Because I  
never received the form. Thank  
you very much for your time.

If you need to reach me by phone  
Please call at 772 979-1858

THANK YOU

MIKE MIRANAO