

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
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Secretary of State

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1. Entity Name

M.R.MIRANDO&ASSOCIATES INC.



Principal Place of Business

11850 APPALOOSA CT
PORT SAINT LUCIE FL 34988
US

Mailing Address

11850 APPALOOSA CT
PORT SAINT LUCIE FL 34988
US

2. Principal Place of Business - No P.O. Box #

107925 US1

3. Mailing Address

10792 11850 APPALOOSA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE FL

City & State

PORT SAINT LUCIE

Zip

34952

Country

USA

Zip

34988

Country

USA

4. FEI Number 27-0052473

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

MIRANDO, MICHAEL R
11850 APPALOOSA CT
PORT SAINT LUCIE FL 34988

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	NAME	STREET ADDRESS	CITY ST / ZIP	TITLE	NAME	STREET ADDRESS	CITY ST / ZIP
P	MIRANDO, MICHAEL	11850 APPALOOSA CT	PORT SAINT LUCIE FL 34988				

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:

Michael R Mirando MICHAEL R MIRANDO 4/22/07 772-9791858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #