


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90180 032 ***150.00

DOCUMENT # P03000057777 1. Entity Name MIRAMAR AMERICA, CORP.					
Principal Place of Business 9021 SW 142 AVE. #25 MIAMI, FL 33186				Mailing Address 9021 SW 142 AVE. #25 MIAMI, FL 33186	
2. Principal Place of Business 10630 SW 158 Ct		3. Mailing Address 10630 SW 158 Ct			
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. 303			
City & State Miami Florida		City & State Miami Florida			
Zip 33196		Country USA		Zip 33196	
Country USA		4. FEI Number 16-1669680			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUCARO, GIUSEPPE 9021 SW 142ND AVE., #25 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Zucaro, Giuseppe Street Address (P.O. Box Number is Not Acceptable) 10630 SW 158 Ct -# 303 City Miami FL Zip Code 33196	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD ZUCARO, GIUSEPPE 9021 SW 142ND AVE., #25 MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zucaro, Giuseppe 10630 SW 158 Ct #303 Miami Florida 33196
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/15/04 Daytime Phone # 786-287-9511		