

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90024 019 ***150.00

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01102006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000058358 1. Entity Name MIRAMAR INVESTORS, INC.					
Principal Place of Business 6090 SW 112 STREET PINECREST, FL 33156			Mailing Address 6090 SW 112 STREET PINECREST, FL 33156		
2. Principal Place of Business 1550 Madnaga ave. Suite, Apt. #, etc. #150		3. Mailing Address 1550 Madnaga ave. Suite, Apt. #, etc. #150		4. FEI Number 36-4536279 Applied For <input type="checkbox"/> Not Applicable	
City & State Coral Gables, FL		City & State Coral Gables, FL			
Zip 33146		Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DENNIS, EDUARDO 7445 SW 147 ST MIAMI, FL 33158	
7. Name and Address of New Registered Agent Name Eduardo Dennis Street Address (P.O. Box Number is Not Acceptable) 1550 madnaga ave. #150 City Coral Gables FL Zip Code 33146					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DENNIS, EDUARDO 6090 SW 112 STREET PINECREST, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1550 madnaga ave. #150 Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERNANDEZ, MANUEL F 8450 SW 74 TR MIAMI, FL 33143		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>Eduardo Dennis</u> 1/10/06 760-346-1496 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					