


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90118 047 ***150.00

DOCUMENT # P03000058358		
1. Entity Name MIRAMAR INVESTORS, INC.		

Principal Place of Business 1550 MADRUGA AVENUE #150 MIAMI, FL 33146	Mailing Address 1550 MADRUGA AVENUE #150 MIAMI, FL 33146
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2. Principal Place of Business - No P.O. Box # 8420 W FLAGLER ST	3. Mailing Address 8420 W FLAGLER ST
Suite, Apt. #, etc. SUITE 220	Suite, Apt. #, etc. SUITE 220
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33144	Country USA



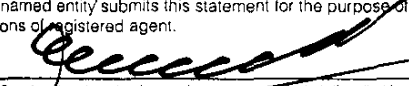
03052008 Chg-P CR2E034 (12/06)

4. FEI Number 36-4536279	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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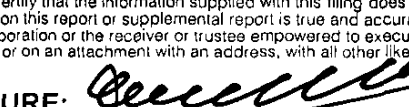
6. Name and Address of Current Registered Agent DENNIS, EDUARDO 1550 MADRUGA AVENUE #150 MIAMI, FL 33146

7. Name and Address of New Registered Agent	
Name MANUEL F. FERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 8420 W FLAGLER STREET	
SUITE 220	
City MIAMI	FL Zip Code 33144

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 	MANUEL F. FERNANDEZ, M.D. 04-14-2008

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DENNIS, EDUARDO 1550 MADRUGA AVENUE #150 MIAMI, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MANUEL F. FERNANDEZ 8420 W FLAGLER ST SUITE 220 MIAMI, FL 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD FERNANDEZ, MANUEL F 8450 SW 74 TR MIAMI, FL 33143 <input checked="" 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
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: 	MANUEL F. FERNANDEZ, M.D. 04-14-08 (305) 441-6464