

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066242

Entity Name: MIRRAGE BUSINESS, INC.

FILED
Aug 02, 2006
Secretary of State

Current Principal Place of Business:

109 HILL CREST DR
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

109 HILL CREST DR
DAVENPORT, FL 33897 US

New Mailing Address:

FEI Number: 56-2367008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIR
40
ORLANDO, FL 32819 US

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.

SIGNATURE: CAROLINE LARSON

08/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RIBEIRO, IEDA D
Address: 109 HILL CREST DR
City-St-Zip: DAVENPORT, FL 33897 US

Title: DVP () Delete
Name: CORDULA, GUTEMBERG S
Address: 116 HILL CREST DR
City-St-Zip: DAVENPORT, FL 33897 US

Title: DS () Delete
Name: CORDULA, FLAVIA C
Address: 116 HILL CREST DR
City-St-Zip: DAVENPORT, FL 33897 US

Title: DT () Delete
Name: LUCENA, PATRICIA K
Address: 109 HILL CREST DR
City-St-Zip: DAVENPORT, FL 33897 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IEDA RIBEIRO

P

08/02/2006

Electronic Signature of Signing Officer or Director

Date