

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90022 022 ***150.00

DOCUMENT # P03000102867

1. Entity Name
DEUCE MIAMI, INC.



Principal Place of Business
6060 SW 78TH STREET
MIAMI, FL 33143 US

Mailing Address
308 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5004 US

40095103



2. Principal Place of Business - No P.O. Box #
4811 SW 74 Terr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State
Miami Fla.
Zip
33143

City & State
Country
USA.

4. FEI Number
03-0528143
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, STEPHANIE
6060 SW 78TH STREET
MIAMI, FL 33143

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, STEPHANIE	
STREET ADDRESS	6060 SW 78TH STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VARGAS, PAULETTE	
STREET ADDRESS	4811 SW 74TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	VARGAS, PAULETTE	
STREET ADDRESS	4811 SW 74TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, STEPHANIE	
STREET ADDRESS	6060 SW 78TH STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, STEPHANIE	
STREET ADDRESS	6060 SW 78TH STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARGAS, PAULETTE	
STREET ADDRESS	4811 SW 74TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

STEPHANIE THOMAS
Signature and Typed Name of Signing Officer or Director

4/18/07

(305) 666-6590

Date

Daytime Phone #