## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

## **DOCUMENT # P03000108706**

1. Entity Name

Bringing Diago of Business

MS. OF MIAMI CONSTRUCTION CORP.



## **FILED** Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90032 041 \*\*\*158.75



7617 CARLYI MIAMI, FL 33	E AVE #5	7617 CARLYLE AVE #5 MIAMI, FL 33141				34033010				
Principal Place of Business     3. Mailing Address										
	SW 109TH AVENUE	7098 BONITA DRIVE					1161    1161 <b>  11</b> 63   164	il 18811 66116 811	HER II IRRI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192004	Chg-P	CR2E03	34 (10/03)		
City & State MIAMI, FLORIDA		City & State MIAMI BEAC	LORIDA	4. FEI Numb		18653	_ <del>                                    </del>	plied For ot Applicable		
Zip	Country			ry	5. Certificate	of Status Desired		\$8.75 Add		
33157	US	US 33141 U Name and Address of Current Registered Agent			7 Name and	7. Name and Address of New Registered Agent				
o. Hallic and Address of Carrell Hogistered Agent					7. Name une	Address of New	riegisterea A	geni		
SOUZA, M 7617 CARI MIAMI, FL	_YLE AVE #5	Street Address			ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
•									:	
	1 1	•		City			FL	Zip Cod	е	
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, your of finited name of registered agent and title if applicable. (NOTE: Registered					required when reinstating)		09/	19/09		
	agnisture, gloss or princed marile or registered agent an	in the happicable. (NOTE		Agent aignature i	equiled scentificating)			<u></u>		
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	PD	<b>XX</b> Delete	TITLE	1				☐ Change	☐ Addition	
NAME STREET-ADDRESS	SOUZA, MARCOS A 7617 CARLYLE AVE #5		NAME	T ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33141			ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 MTAMT BEACH FT 33141			i	· · · · · · · ·			Change	XX Addition	
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TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE	***	☐ Delete	TITLE					☐ Change	Addition	
NAME CTREET ADDRESS	S. C. C. C. S. G. C. C. C.		NAME	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP	en jaron 2			ST-ZIP					i	
TITLE		☐ Delete	TITLE	<del></del>	. *	<del></del>	· .	☐ Change	· Addition	
NAME .			NAME					_ •		
STREET ADDRESS	-			ET ADDRESS			1			
				ST-ZIP						
12. I bereby o	certify that the information supplied with	this filing does not qualify for	the exen	notion stated	Lin Section 119.07(3)	<ol> <li>Florida Statutes</li> </ol>	s. I further cert	.itv that the i	ntormation	

Thereby ceruly trial the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 trostee 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:** 

PRESIDENT

(786) 573-1271