


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90001 005 \*\*\*150.00

<b>DOCUMENT # P03000123767</b>	
1. Entity Name <b>MIRAMARES INVESTMENTS CORP.</b>	

Principal Place of Business <b>4965 E 10 CT HIALEAH, FL 33013</b>	Mailing Address <b>4965 E 10 CT HIALEAH, FL 33013</b>
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**54067696**



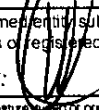
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>32-0073475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>CRUZ, ALFREDO 4965 E 10 CT HIALEAH, FL 33013</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 	DATE <b>7/28/04</b>

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

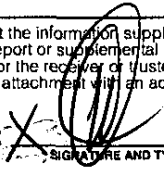
9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CRUZ, ALFREDO 4965 E 10 CT HIALEAH, FL 33013 <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
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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 exemption stated in Section 119.07(3)(i), 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7/28/04**  
Date

Daytime Phone #

Attachment

54067696

MIRAMARES INVESTMENTS CORP  
4965 E 10 CT  
HIALEAH, FL 33013

July 28, 2004

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32399

Ref: MIRAMARES INVESTMENTS CORP.  
Doc# 903000123767

To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received during 2004. We have enclosed a copy of the 2004 report with a check in the amount of \$150.00 due for the 2004 fee. We ask that you please waive the penalty because the report nor a notice was ever received regarding our Corporation. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,

X  
Alfredo Cruz  
President