2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000154053

1. Entity Name
MISS INDEPENDENT, CORP.

Principal Place of Business	Mailing Address
13602 S.W. 80TH ST.	13602 S.W. 80TH ST.
MIAMI, FL 33183	MIAMI, FL 33183

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04142004 Chg-P CR2E034 (10/03)
City & State	City & State	**4.** FEI Number **20-0569437** — Applied For / Not Applicable
Zip — Country	Zip — Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCA, CONCEPCION 13602 S.W. 80TH ST. MIAMI, FL 33183	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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ROCA, CONCEPCION		NAME	
STREET ADDRESS 13602 S.W. 80TH ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33183		CITY-ST-ZIP	
TITLE VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ROJAS, LISETTE		NAME	
STREET ADDRESS 540 BRICKELL KEY DR., APT. 220		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ✓ C. Roca   7/15/04   (305) 380-1054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #