

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90383 032 ***150.00

DOCUMENT # P03000154053						
1. Entity Name MISS INDEPENDENT, CORP.						
Principal Place of Business 13602 S.W. 80TH ST. MIAMI, FL 33183			Mailing Address 13602 S.W. 80TH ST. MIAMI, FL 33183			
2. Principal Place of Business 11160 SW 71ST LANE		3. Mailing Address 11160 SW 71ST LANE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State MIAMI, Florida		City & State MIAMI, Florida		4. FEI Number 20-0569437		
Zip 33176		Country USA		Applied For <input type="checkbox"/> Not Applicable		
Zip 33176		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROCA, CONCEPCION 13602 S.W. 80TH ST. MIAMI, FL 33183			7. Name and Address of New Registered Agent			
			Name Lisette - ROJAS			
			Street Address (P.O. Box Number is Not Acceptable) 11160 SW 71ST LANE			
			City MIAMI			
			FL		Zip Code 33176	
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: 4-25-05						
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME ROCA, CONCEPCION		<input checked="" type="checkbox"/> Delete	TITLE PD	NAME ROJAS, Lisette	
STREET ADDRESS 13602 S.W. 80TH ST.	CITY-ST-ZIP MIAMI, FL 33183			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 11160 SW 71ST LANE MIAMI, FL 33183	
TITLE VD	NAME ROJAS, LISETTE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 540 BRICKELL KEY DR., APT. 220	
STREET ADDRESS 540 BRICKELL KEY DR., APT. 220	CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS 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:			4-25-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			