

**ANNUAL REPORT (AR)**

**DOCUMENT # P04000004238**



1. Entity Name  
**MIPRA, INC.**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>324 NE GLADIOLA AVE PORT SAINT LUCIE FL 34983</b>	Mailing Address <b>324 NE GLADIOLA AVE PORT SAINT LUCIE FL 34983</b>
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2. Principal Place of Business - No P.O. Box # <b>324 NE GLADIOLA</b> Suite, Apt. #, etc.	3. Mailing Address <b>324 NE GLADIOLA AVE</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State <b>FLORIDA</b>	City & State <b>FLORIDA</b>	4. FEI Number <b>20-0531891</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>34983</b>	Country <b>ST LUCIE</b>	Zip <b>34983</b>	Country <b>ST LUCIE</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**PEREIRA, MARIO**  
**787 SE WEST VIRGINIA DRIVE**  
**PORT ST. LUCIE FL 34983-3233**

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 Mario Pereira (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PEREIRA, MARIO</b> <b>324 NE GLADIOLA AVE</b> <b>PORT SAINT LUCIE FL 34983</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000632040</b> <b>02/21/07-80005-022 150.00</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: Mario Pereira **2-6-07** **772-359-2350**  
Date Daytime Phone #