

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90095 004 \*\*\*150.00

**DOCUMENT # P04000054906**

1. Entity Name  
**MISCELLANEOUS PRODUCTS, CORP.**



Principal Place of Business  
**221 S.W. 22ND AVENUE  
SUITE 257  
MIAMI, FL 33135**

Mailing Address  
**221 S.W. 22ND AVENUE  
SUITE 257  
MIAMI, FL 33135**

**50011397**



2. Principal Place of Business  
**x 7392 NW 35 terrace**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**# 204**

Suite, Apt. #, etc.  
**Same**

City & State  
**MIAMI FL**

City & State  
**FL**

Zip  
**33122**

Country

Zip  
**33122**

Country

01312005 Chg-P CR2E034 (10/03)

4. FEI Number  
**x 562450327**

Applied For  
☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FERNANDEZ, YADIRA  
221 S.W. 22ND AVENUE  
SUITE 257  
MIAMI, FL 33135**

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 *[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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, YADIRA 12445 S.W. 10 TERR MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CARLOS STEVENSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad 8971 SUNSET DRIVE APT 133 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVENSON, ALMA ROSA 8971 S.W. 72ND ST. APT. 133 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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"/> Ad
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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, changed, or on an attachment with an address, with an other like empowered.

SIGNATURE *[Signature]*