## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 19, 2005 8:00 am Secretary of State **DOCUMENT # P04000055583** 1. Entity Name 05-19-2005 90046 042 \*\*\*150.00 MIRNSA, INC Principal Place of Business Mailing Address 6479 NW 170 LANE 6479 NW 170 LANE MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072005 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 65-122281 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAVALA, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 6479 NW 170 LANE MIAMI, FL 33015 Zip Code City 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 significant and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution, Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete TITLE ☐ Change ☐ Addition ZAVALA, ABRAHAM NAME NAME STREET ADDRESS 6479 NW 170 LANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 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-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Defete TITLE TITLE ☐ Change Addition 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 is 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 leokeyer 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 oil other like empowered. SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**