

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000149226

1. Entity Name

MIRAMAR BUSINESS CENTER, CORP.



Principal Place of Business

1115 SW 139 AVENUE
MIAMI FL 33184

Mailing Address

1115 SW 139 AVENUE
MIAMI FL 33184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

PENA, PEDRO
1115 SW 139 AVENUE
MIAMI FL 33184

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete
NAME	PENA, PEDRO	
STREET ADDRESS	1115 SW 139 AVENUE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PENA, ILIANA P	
STREET ADDRESS	1115 SW 139 AVENUE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	SECR	<input type="checkbox"/> Delete
NAME	PENA, PEDRO	
STREET ADDRESS	1115 SW 139 AVENUE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	PENA, ILIANA P	
STREET ADDRESS	1115 SW 139 AVENUE	
CITY - ST - ZIP	MIAMI FL 33184	
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CITY - ST - ZIP		

100000554013
05/15/06-80077-001 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 786-2531126

Date

Daytime Phone #