

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90007 006 ***150.00

DOCUMENT # **P04000168442**

1. Entity Name
Miranda's Antique Shop, Inc.



Principal Place of Business
**3440 NW 7 STREET
MIAMI, FL 33125**

Mailing Address
**P.O. BOX 140303
CORAL GABLES, FL 33114**

60045318



2. Principal Place of Business - No P.O. Box #
3440 NW 7 Street

3. Mailing Address
P.O. Box 140303

Suite, Apt. #, etc.

Chg-P CR2E034 (12/06)

City & State
MIAMI, FL

City & State
Coral Gables, FL

Zip
33125

Country
USA

Zip
33114

Country
USA

4. FEI Number
20-5084719

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**Rosa Marrero
3440 NW 7 Street
MIAMI, FL 33125**

7. Name and Address of New Registered Agent
Name
Same
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 **Rosa Marrero** **7/14/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

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	PVST Rosa Marrero 3440 NW 7 St., Miami, FL 33125	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Rosa Marrero** **7/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #