


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 025 ***158.75

DOCUMENT # P04000172666	
1. Entity Name MIRIAM'S FILING SERVICES CORP	

Principal Place of Business 8150 W MAC NAB RD 304 TAMARAC, FL 33321	Mailing Address 8150 W MAC NAB RD 304 TAMARAC, FL 33321
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2. Principal Place of Business - No P.O. Box # 5955 MICHELE LN	3. Mailing Address 5955 MICHELE LN
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ST CLOUD-FL	City & State ST CLOUD-FL
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Zip 34772	Country USA	Zip 34772	Country USA
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40002506



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 75-3177947	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JARAMILLO, MIRIAM 8150 W MAC NAB RD 304 TAMARAC, FL 33321

7. Name and Address of New Registered Agent Name JARAMILLO MIRIAM Street Address (P.O. Box Number is Not Acceptable) 5955 MICHELE LN City ST CLOUD FL Zip Code 34772

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.VP JARAMILLO, MIRIAM 8150 W MAC NAB RD APT # 304 TAMARAC, FL 33321 <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
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	P.VP JARAMILLO MIRIAM 5955 Michele LN ST CLOUD FL 34772 <input checked="" 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
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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 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: 	01/08/08	407-957-0449 407-235-5847 854-548-5252
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #