


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000006286 1. Entity Name PIACERE MIO, CORP.	
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Principal Place of Business 3120 COLLINS AVE., STE. 406 MIAMI BEACH, FL 33139	Mailing Address 3120 COLLINS AVE., STE. 406 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2158461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUZMAN, MARIO I 9130 S. DADELAND BLVD., STE. #1504 MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD RABAZA, FERMIN A NAVARRO 3759 CAPITOL FEDERAL, ARGENTINA, 1417
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD TRIPODI, SALVADOR JOSE PEDRO VARELA 3480 CAPITAL FEDERAL, ARGENTINA, 1417
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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: Salvador Tripodi **SALVADOR TRIPODI DIRECTOR** 1/30/07 3056724011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #