

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000051914

1. Entity Name
MIAMI CAPITAL INVESTORS CORP.



FILED

07 JUL 11 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10591 SW 56TH TERRACE
MIAMI, FL 33173

Mailing Address
10591 SW 56TH TERRACE
MIAMI, FL 33173

2. Principal Place of Business - No P.O. Box #
5930 SW 151 CT.
Suite, Apt. #, etc.

3. Mailing Address
5930 SW 151 CT
Suite, Apt. #, etc.



07102007 Chg-P CR2E034 (12/06)

City & State
MIAMI FLORIDA
Zip 33193 Country USA

City & State
MIAMI FLORIDA
Zip 33193 Country USA

4. FEI Number
13-4361905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, CARMEN R
10591 SW 56TH TERRACE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name MIRIAM PEREZ
Street Address (P.O. Box Number is Not Acceptable)
5930 SW 151 CT
City MIAMI FL Zip Code 33193

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-10-07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME MORALES, CARMEN R
STREET ADDRESS 10591 SW 56TH TERRACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D-P ☒ Change ☐ Addition
NAME MIRIAM PEREZ
STREET ADDRESS 5930 SW 151 CT
CITY-ST-ZIP MIAMI - FL - 33193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500106615985
07/24/07--01018--005 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500106615985
07/24/07--01018--006 **8.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-10-07 (305)385-3597

Date

Daytime Phone #