

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90059 018 ***150.00

DOCUMENT # P05000057563

1. Entity Name
MIRAMAR I GP, INC.



Principal Place of Business
**5101 NW 21ST AVE.
SUITE 300
FORT LAUDERDALE, FL 33309**

Mailing Address
**5101 NW 21ST AVE.
SUITE 300
FORT LAUDERDALE, FL 33309**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-2827472

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTOLLA, STEVEN
2455 EAST SUNRISE BOULEVARD
SUITE AR1
FORT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent

Name **Santolla, Steven**
Street Address (P.O. Box Numbers Not Acceptable) **5101 N.W. 21st Ave.**
Suite 300
City **Fort Lauderdale** FL Zip Code **33309**

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 restateing)

4/4/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SANTOLLA, STEVEN**
STREET ADDRESS **2455 EAST SUNRISE BOULEVARD, SUITE AR1**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **D** ☐ Delete
NAME **LINAN, THOMAS**
STREET ADDRESS **2455 EAST SUNRISE BOULEVARD, SUITE AR1**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **5101 N.W. 21st Ave Ste 300**
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5101 N.W. 21st Ave Ste 300**
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 **854-444-4425**
Date Daytime Phone #