

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091037

FILED
Apr 29, 2009
Secretary of State

Entity Name: SITE OF MIAMI, INC.

Current Principal Place of Business:

4805 NW 79TH AVE
SUITE 12
MIAMI, FL 33166 US

New Principal Place of Business:

4811 NW 79TH AVE
SUITE 4
MIAMI, FL 33166 US

Current Mailing Address:

4805 NW 79TH AVE
SUITE 12
MIAMI, FL 33166 US

New Mailing Address:

4811 NW 79TH AVE
SUITE 4
MIAMI, FL 33166 US

FEI Number: 20-3503542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRATEROL, OMAR A SR.
8245 NW 6 TERRACE
211
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADRIANZA, MARIA
Address: 8245 NW 6 TERRACE # 211
City-St-Zip: MIAMI, FL 33126 US

Title: VP () Delete
Name: GRATEROL, OMAR
Address: 8245 NW 6 TERRACE # 211
City-St-Zip: MIAMI, FL 33126 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR GRATEROL

VP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date