2009

~~2008~~ FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000110371

1. Entity Name

MIAMI VIBES ENTERPRISES INC.

FILED

09 APR 29 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
3590 SOUTH STATE RD. 7, SUITE 209 MIRAMAR FL 33023	3590 SOUTH STATE RD. 7, SUITE 209 MIRAMAR FL 33023 PO BOX 693662 MIAMI FL 33269-0662

1st MOORE CR2E034 (10/07)

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

Suite, Apt. # etc.

City & State

Zip

County

3. Mailing Address

PO BOX 693662

Suite, Apt. # etc.

City & State
MIAMI

Zip
33269-0662

County

4. FEI Number
01-0842052

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: _____

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Florida Department of State Fund Raising Registration ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title
Name
Street Address
City-St-Zip

Title: PD
Name: CALLUM, EMERSON
Street Address: 3590 SOUTH STATE RD. 7, SUITE 209
City-St-Zip: MIAMI FL 33023

☐ Delete

$150

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☒ Addition

Title
Name: CALLUM, EMERSON
Street Address: PO BOX 693662
City-St-Zip: MIAMI FL 33269

300153868623
04/30/09--01002--003 **150.00

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

SIGNATURE: Emerson Callum President 4-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Emerson Callum President