

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 044 ***150.00

DOCUMENT # P05000135407

1. Entity Name
MIRAGE FURNITURE, INC.



Principal Place of Business
~~3000 S STATE RD 7~~
~~MIRAMAR, FL 33023~~

Mailing Address
801 WEST 36 STREET
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #
1130 W 23 St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State

Zip
33010

Country
Miami-Dade

Zip

Country



02192008 Chg-P CR2E034 (12/06)

4. FEI Number

56-2535859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLANCO, YANEISY
801 WEST 36 STREET
HIALEAH, FL 33012

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D, P
BLANCO, RAMONA
801 WEST 36 STREET
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D, VP
BLANCO, YANEISY
801 WEST 35 STREET
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

[Signature]
Yaneisy Blanco, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Date

(786) 718-5950

Daytime Phone #