

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

2007

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 039 ***158.75

DOCUMENT #

P 06000010991

1. Entity Name

MIAMI R/C AND HOBBIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6241 N.W. 176 Terrace

3. Mailing Address

6317 S.W. 11 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

20-4247550

Applied For

Not Applicable

Zip

33015

Country

Miami-Dade

Zip

33144

Country

Miami-Dade

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose A. Perez

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

6317 S.W. 11 Street

City

Miami

FL

Zip Code

33144

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

JOSE A. DELGADO P S D
6241 N.W. 176 Terrace
Miami, Florida 33015

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

Joel S. Delgado V T D
6241 N.W. 176 Terrace
Miami, Florida 33015

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE A. DELGADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

786 715-1311

Date

Daytime Phone #