

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90198 011 ***150.00

DOCUMENT # P06000014895 1. Entity Name SUZANNA MISHIEV, P.A.																											
Principal Place of Business 520 WEST AVENUE 501 MIAMI BEACH, FL 33139 US		Mailing Address 520 WEST AVENUE 501 MIAMI BEACH, FL 33139 US																									
2. Principal Place of Business - No P.O. Box # 9499 Collins Ave.		3. Mailing Address 9499 Collins Ave																									
Suite, Apt. #, etc. Apt 510		Suite, Apt. #, etc. Apt 510																									
City & State Surfside, FL		City & State Surfside, FL																									
Zip 33154-2682		Zip 33154-2682																									
Country USA		Country USA																									
6. Name and Address of Current Registered Agent MISHIEV, SUZANNA 520 WEST AVENUE 501 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name mishiev, Suzanna Street Address (P.O. Box Number is Not Acceptable) 9499 Collins Ave Apt 510 City Surfside, FL Zip Code 33154																									
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 <u><i>Suzanne Mishiev</i></u> DATE <u>4/18/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MISHIEV, SUZANNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>520 WEST AVENUE, #501</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	MISHIEV, SUZANNA		STREET ADDRESS	520 WEST AVENUE, #501		CITY - ST - ZIP	MIAMI BEACH, FL 33139		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Same</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9499 Collins Ave, Apt 510</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Surfside, FL 33154</td> <td></td> </tr> </table>		TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	9499 Collins Ave, Apt 510		CITY - ST - ZIP	Surfside, FL 33154	
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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: <u><i>Suzanne Mishiev</i></u> <small>(Signature and typed or printed name of signing officer or director)</small>		Date <u>4/18/07</u> Daytime Phone # <u>305.527.4456</u>																									