

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000051053

1. Entity Name  
MIAMI MORTGAGE & INVESTMENT CORP.



Principal Place of Business  
18425 NW 2ND AVE  
340  
MIAMI, FL 33169 US

Mailing Address  
939 NW 206 STREET  
MIAMI, FL 33169 US

**FILED**  
**Jun 30, 2008 08:00 AM**  
**Secretary of State**



06282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4784497

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

POITEVIEN, ORETTE T  
939 NW 206 STREET  
MIAMI, FL 33169

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
POITEVIEN, HARRY  
939 NW 206 STREET  
MIAMI GARDENS, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
POITEVIEN, SHEILA  
939 NW 206 STREET  
MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
POITEVIEN, ORETTE  
939 NW 206 STREET  
MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000953432  
06/30/08-80001-012-150.00

**DO NOT WRITE  
IN THIS SPACE**

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: HARRY POITEVIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/08  
Date

Daytime Phone # \_\_\_\_\_