


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000064873</b> 1. Entity Name <b>MIAMI PROPERTY SPECIALIST, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>07 SEP 18 AM 11:29</b>	
Principal Place of Business <b>3000 BIRD AVENUE #2 MIAMI, FL 33133</b>				Mailing Address <b>3000 BIRD AVENUE #2 MIAMI, FL 33133</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		  09122007    Chg-P    CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip      Country		Zip      Country					
4. FEI Number <b>20-4837136</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPDOCUMENTS.COM, INC. 16755 NW 91ST AVE MIAMI LAKES, FL 33018</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MEJIA, MARISOL</b>			NAME	<b>500109873575</b> <b>09/25/07--01013--015    **150.00</b>		
STREET ADDRESS	<b>3000 BIRD AVENUE #2</b>						
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>						
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HIDALGO, RAFAEL</b>			NAME			
STREET ADDRESS	<b>3000 BIRD AVENUE #2</b>						
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>						
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<b>B 9/21/07</b>		
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
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: _____				Date: <b>9-12-07</b> Daytime Phone # _____			
<b>MARISOL MEJIA</b>							