

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000067299

Entity Name: MYRA ENTERPRISES INC.

FILED
Mar 06, 2007
Secretary of State

Current Principal Place of Business:

247 SW 8TH STREET
MIAMI, FL 33130

New Principal Place of Business:

1333 SOUTH MIAMI AVENUE
SUITE 100
MIAMI, FL 33130

Current Mailing Address:

247 SW 8TH STREET
MIAMI, FL 33130

New Mailing Address:

1333 SOUTH MIAMI AVENUE
SUITE 100
MIAMI, FL 33130

FEI Number: 20-5063997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DE URIA, MARIA ALICIA
Address: 247 SW 8TH STREET
City-St-Zip: MIAMI, FL 33130

Title: S/D () Delete
Name: DESII, NIDIA
Address: 247 SW 8TH STREET
City-St-Zip: MIAMI, FL 33130

Title: AS S () Delete
Name: JACOBS, ROBERT F
Address: WORMSER, KIELY, 825 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: DE URIA, MARIA ALICIA
Address: 1333 SOUTH MIAMI AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33130

Title: S/D (X) Change () Addition
Name: DESII, NIDIA
Address: 1333 SOUTH MIAMI AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ALICIA DE URIA

P

03/06/2007

Electronic Signature of Signing Officer or Director

Date