

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90056 018 ***150.00

DOCUMENT # P07000009582

1. Entity Name
MIA COMS., CORP.



Principal Place of Business
**169 E FLAGLER ST STE 1620
MIAMI, FL 33131**

Mailing Address
**169 E FLAGLER ST STE 1620
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242008

Chg-P

CR2E034 (12/06)

4. FEI Number

X 20-835-8437

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAGNER, ELISA
3500 MYSTIC PT DR #5802
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **WAGNER, ELISA**
Street Address (P.O. Box Number is Not Acceptable)

19111 COLLINS AVENUE # 107

City **SUNNY ISLES BEACH FL** Zip Code **33160-2378**

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

X *Elisa Wagner*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2-7-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **WAGNER, ELISA**
STREET ADDRESS **3500 MYSTIC PT DR #3802**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **P** ☐ Delete
NAME **WAGNER, YOEL**
STREET ADDRESS **3500 MYSTIC PT DR #3802**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Change ☐ Addition
NAME **WAGNER, ELISA**
STREET ADDRESS **19111 COLLINS AVENUE # 107**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160-2378**

TITLE **P** ☒ Change ☐ Addition
NAME **WAGNER, YOEL**
STREET ADDRESS **19111 COLLINS AVENUE # 107**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160-2378**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

X *Elisa Wagner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2-7-08