



2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/21/2008-90040-008-\$158.75-\$158.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 20 AM 8:18

DOCUMENT # P07000036852 1. Entity Name MIAMI COMMERCE INTERNATIONAL CORP.					
Principal Place of Business MIAMI COMMERCE INTERNATIONAL CORP. 8040 NW 103 RD ST APT #55 HIALEAH GARDENS, FL 33016			Mailing Address MIAMI COMMERCE INTERNATIONAL CORP. 8040 NW 103 RD ST APT #55 HIALEAH GARDENS, FL 33016		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-86997450				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEDIEL, LUZ 8040 NW 103 RD ST APT 55 HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CEDIEL, LUZ 8040 NW 103 RD ST APT 55 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CEDIEL, LUZ 8040 NW 103 RD ST UNIT 55 HIALEAH GARDENS, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAHAMON, RAMON 8040 NW 103 RD ST UNIT 55 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>04/15/08</u> Daytime Phone # _____		

5/23/08