

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90369 012 \*\*\*158.75

DOCUMENT # P07000038697

1. Entity Name  
NORTH MIAMI RESEARCH INC.



Principal Place of Business  
12995 N.E. 7TH AVENUE  
NORTH MIAMI, FL 33161

Mailing Address  
12995 N.E. 7TH AVENUE  
NORTH MIAMI, FL 33161

40085715



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

02152008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8725548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JEWETT, EDWARD  
12995 N.E. 7TH AVENUE  
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name: Willner, Mark  
Street Address (P.O. Box Number is Not Acceptable): 12995 NE 7th Avenue  
City: North Miami FL Zip Code: 33161

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 re-registering)

DATE

4-1-08

**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	D	<input checked="" type="checkbox"/> Delete
NAME	JEWETT, EDWARD	
STREET ADDRESS	12995 N.E. 7TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLNER, MARK	
STREET ADDRESS	12995 N.E. 7TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willner, mark	
STREET ADDRESS	12995 N.E. 7th Ave	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lizet Dibernardo	
STREET ADDRESS	12995 N.E. 7th Ave	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-08