

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090605

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** MIRO DENTAL & MED SPA CORP.

**Current Principal Place of Business:**

564 SW 42ND AVE., SECOND FLOOR  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

564 SW 42ND AVE., SECOND FLOOR  
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number:** 26-4139998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARVAJAL, MARIA E  
564 SW 42ND AVE., SECOND FLOOR  
MIAMI, FL 33134 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: PD  
Name: MIRO, CLAUDIO  
Address: 564 SW 42ND AVE., SECOND FLOOR  
City-St-Zip: MIAMI, FL 33134

Title: VST  
Name: CARVAJAL, MARIA E  
Address: 564 SW 42ND AVE., SECOND FLOOR  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: CLAUDIO L MIRO

PD

01/06/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date