

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000050914

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** MIRACLE DAWN ALSTON, P.A.

**Current Principal Place of Business:**

1119 E SUNRISE BLVD.  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1119 E SUNRISE BLVD.  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 27-2998532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALSTON, MIRACLE-DAWN  
1119 E SUNRISE BLVD.  
FORT LAUDERDALE, FL 33304 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: CFO  
Name: ALSTON, MIRACLE-DAWN  
Address: 327 ANACOSTIA RD. S.E., STE K22  
City-St-Zip: WASHINGTON, DC 20019 US

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: MIRACLE-DAWN ALSTON

CFO

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date