

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085148

Entity Name: MIAMI BOX INC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6718 NW 72 AVENUE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6718 NW 72 AVENUE  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAGGIANI, ALVARO  
6718 NW 72 AVENUE  
MIAMI, FL 33166 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: PTD  
Name: FAGGIANI, ALVARO  
Address: 6718 NW 72 AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: VPSD  
Name: BENAVIDES, VICTOR  
Address: 6718 NW 72 AVENUE  
City-St-Zip: MIAMI, FL 33166

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: ALVARO FAGGIANI

D

04/28/2011

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

\_\_\_\_\_  
Date