


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000002683	
1. Entity Name MIRASOL INTERNATIONAL CENTER, INC.	

Principal Place of Business MIRASOL INT'L CENTER 2699 COLLINS AVE MIAMI BCH, FL 33140 US	Mailing Address 2699 COLLINS AVE FRONT DESK MIAMI BEACH, FL 33140 US
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DO NOT WRITE IN THIS SPACE



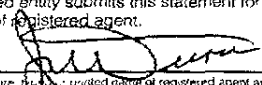
03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0368890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DURAN, JOSE 2699 COLLINS AVE MIAMI BCH, FL 33140	
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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  DATE _____

(Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DURAN, JOSE 2655 COLLINS AVE., APT. 1711 MIAMI BEACH,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PIJUAN, JOAQUIN 2655 COLLINS AVE., APT 2411 MIAMI BEACH,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PINEDA, MANUEL 2655 COLLINS AVE., #1506 MIAMI BEACH,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD FERNANDEZ, MIRIAM 2655 COLLINS AVE., #2006 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FERNANDEZ, ANICIA 2655 COLLINS AVE., APT. 2101 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000094225
03/22/04-80050-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **03-17-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #