

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037243

Entity Name: MIAMI DIRECT, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

8200 NW 41ST STREET
SUITE 225
DORAL, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8200 NW 41ST STREET
SUITE 225
DORAL, FL 33166 US

New Mailing Address:

FEI Number: 65-0417664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE CRUZ, SONIA
200 S. BISCAYNE BLVD.
SUITE 4000
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAVER, MANUEL
Address: EDIFICO E, TERCER PISO, SANTA ANA
City-St-Zip: SAN JOSE, CR CR

Title: T () Delete
Name: DARQUEA, ALFREDO
Address: EDIFICO E, TERCER PISO, SANTA ANA
City-St-Zip: SAN JOSE, CR CR

Title: S () Delete
Name: CRUZ, ERNESTO
Address: 8200 NW 41ST STREET, SUITE 225
City-St-Zip: MIAMI, FL 33166 US

Title: VS () Delete
Name: AMADOR, SILVIA
Address: EDIFICO E, TERCER PISO, SANTA ANA
City-St-Zip: SAN JOSE, CR CR

Title: VP () Delete
Name: MOLINA, MARIA A
Address: 8200 NW 41ST STREET, SUITE 225
City-St-Zip: DORAL, FL 33166 US

Title: VT () Delete
Name: KOO, STEFANY G
Address: 8200 NW 41ST STREET, SUITE 225
City-St-Zip: DORAL, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEFANY KOO

VT

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date