

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90013 037 ***150.00

DOCUMENT # P94000006966 1. Entity Name MIRAMAR FRUIT TRADING COMPANY					
Principal Place of Business 717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134 US			Mailing Address 717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0475836	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GONZALEZ, MIGUEL M 717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, JOSEPH A 717 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, ROBERT 717 Ponce de Leon Blvd., Suite 317 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, FRANCISCO 717 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO R. UNANUE 717 Ponce de Leon Blvd., Suite 317 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, CARLOS 717 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, PETER J. 717 Ponce de Leon Blvd., Suite 317 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 1/31/05 Daytime Phone # 305-461-1650					