


**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90042 020 \*\*\*150.00

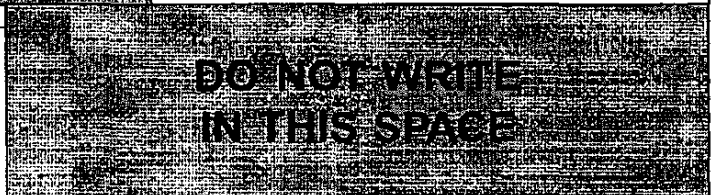
**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P94000006966</b> 1. Entity Name <b>MIRAMAR FRUIT TRADING COMPANY</b>	
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Principal Place of Business <b>C/O MIGUEL M. GONZALEZ, P.A.</b> <b>525 N.W. 27TH AVENUE, STE 105 A</b> <b>MIAMI, FL 33125 US</b>	Mailing Address <b>C/O MIGUEL M. GONZALEZ, P.A.</b> <b>525 N.W. 27TH AVENUE, STE 105 A</b> <b>MIAMI, FL 33125 US</b>
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6. Name and Address of Current Registered Agent  <b>GONZALEZ, MIGUEL M</b> <b>525 N.W. 27TH AVENUE</b> <b>SUITE 105 A</b> <b>MIAMI, FL 33125</b>
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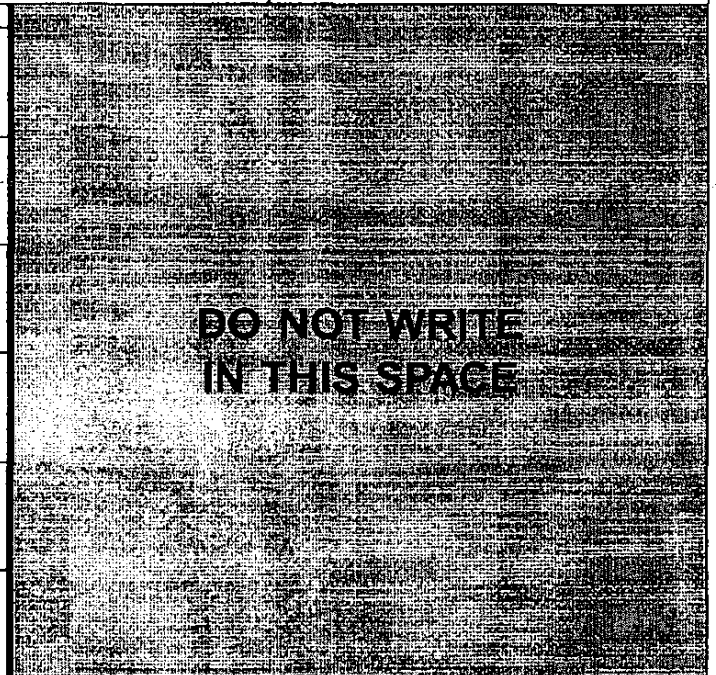


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, ROBERT 525 N.W. 27TH AVENUE, STE 105 A MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, FRANCISCO R 525 N.W. 27TH AVENUE, STE 105A MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, CARLOS 525 N.W. 27TH AVENUE, STE 105 A MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNANUE, PETER J 525 N.W. 27TH AVENUE, STE 105A MIAMI, FL 33125
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 exemptions contained 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 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: ✓ Carlos Unanue 3/31/08 305-649-0030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

4007000A



03012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0475836</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

DO NOT WRITE  
 IN THIS SPACE

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