


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000011678

1. Entity Name
MIRO CLASSICS INC.



Principal Place of Business
**2267 NE 164TH STREET
 NORTH MIAMI BEACH, FL 33160**

Mailing Address
**2267 NE 164TH STREET
 NORTH MIAMI BEACH, FL 33160**



DO NOT WRITE IN THIS SPACE

04022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0467938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHEN, ABRAHAM
 12267 NE 164TH STREET
 NORTH MIAMI BEACH, FL 33160**

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000306784

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, ABRAHAM 2267 NE 164TH STREET NORTH MIAMI BEACH, FL 33160
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04/15/05-80026-016 150.00

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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:  **A. COHEN, PRES.** **04/13/05** **305-947-9080**

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