

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000056721

1. Entity Name
MIAMI INSTITUTE OF MEDICAL TECHNOLOGY, INC.



Principal Place of Business

7483 SW 24TH STREET
SUITE # 211
MIAMI, FL 33155 US

Mailing Address

7483 SW 24TH STREET
SUITE # 211
MIAMI, FL 33155 US



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0520982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URRA, RENE R
7483 SW 24TH STREET
SUITE # 211
MIAMI, FL 33155

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME URRA, RENE R
STREET ADDRESS 7483 SW 24TH STREET SUITE # 211
CITY-ST-ZIP MIAMI, FL 33155

TITLE VPD
NAME URRA, MYRIANNA
STREET ADDRESS 8201 N.W. 8 STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE S
NAME URRA, RENE L
STREET ADDRESS 8201 N.W. 8 STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE CS
NAME URRA, JACQUELINE M
STREET ADDRESS 11741 SW 17 CT
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000471017
03/28/06-80037-004 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene R. Urre

Date

Daytime Phone #

3/4/06 (305) 2699964