## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State

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DOCUI  1. Entity Nam  M I C IMP					008 90204 0					
Principal Place of Business 8228 NW 30TH TERRACE MIAMI, FL 33122		Mailing Address 8228 NW 30TH TERRACE MIAMI, FL 33122						<b>-</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252008	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Number Applied For 65-0546384 Not Applicable					
Zip	Country	Zip	Country		5. Certificate of	Status Desired		.75 Addi Required		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Age	nt		
			Name							
AVENDANO, JAVIER 8228 NW 30TH TERRACE MIAMI, FL 33122			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its i	registered office or	register	ed agent, or both	, in the State of F	lorida. I am fam	iliar with, a	ind accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require					when reinstating)		DATE			
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FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  7 Election Campaign Trust Fund Contribu					00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DI	RECTORS	N 11	
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NAME	AVENDANO, JAVIER		NAME							
STREET ADDRESS	8228 NW 30TH TERRACE		STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33122									
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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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/29/03

(305)9947994

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