2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P95000008192 04-27-2006 90178 003 ***150.00 1. Entity Name MIRA ASSOCIATES, INC. 4UUDDVH* Principal Place of Business Mailing Address 317 R OCEAN AVE 317 R. OCEAN AVE MELBOURNE BEACH, FL 32951 #100 MELBOURNE BEACH, FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 02272006 CR2E034 (11/05) Cha-P City & State City & State Applied For 4. FEI Number 65-0557291 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PULCINI, TANYA Street Address (P.O. Box Number is Not Acceptable) 5951 N.W. 151ST ST. #100 MIAMI, FL 33014 City Zip Code FL 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. RAY DELAPORTA ☐ Change Delete TITLE TITLE PRETION PULCINI, TANYA NAME NAME 317 ROCEAN AVE STREET ADDRESS 5951 N.W. 151 ST., #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33014 MELBORNE FL 32951 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PRES. Addition Delete TITLE MICHINEL SPERO NAME NAME STREET ADDRESS STREET ADDRESS 317R OCEN AVE CITY-ST-7IP CITY-ST-ZIP MYCEROVENE 12 32951 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this tilling 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 accurage 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 engrowers 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 addirest with an addirect with a w

OF SIGNING OFFICER OR DIRECTOR

4/16/06

FILED