## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000009661

City-St-Zip:

SARASOTA, FL 34276

Entity Name: MIMAR OF SARASOTA, INC.

FILED May 21, 2008 Secretary of State

Littly Nai	IIIE. WIIIVIAR C	F SARASOTA, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3063 MAYFLOWER STREET SARASOTA, FL 34231				1177 CATTLEMEN RD SARASOTA, FL 34232	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3400 S. TAMIAMI TRAIL SARASOTA, FL 34239				3063 MAYFLOWER ST SARASOTA, FL 34231	
FEI Number:	: 65-0554954	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
3400 S. TA SUITE 202 SARASOT	A, FL 34239	US	surnose of changing its registers	red office or registered agent, or both,	
	e of Florida.	submits this statement for the p	dipose of changing its register	ed office of registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) RARIDON, MIC P. O. BOX 2033 SARASOTA, FL	33	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) RARIDON, PHII P. O. BOX 2033 SARASOTA, FL	33	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T () RARIDON, JOS P. O. BOX 2033		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PHILLIP RARIDON S 05/21/2008