2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P95000061602

Entity Name: MIRAVERA & ASSOCIATES, INC.

Current Principal Place of Business:

3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509

New Principal Place of Business:

3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509 US

Current Mailing Address:

3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509

New Mailing Address:

3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509 US

FEI Number: 65-0608185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRANDA, NORA R MRS.
3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509 US

Name and Address of New Registered Agent:

MIRANDA, NORA R PRES.
3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509 US

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.

SIGNATURE: NORA R. MIRANDA 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MIRANDA, NORA R MRS.
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509

Title: VPD ( ) Delete
Name: MIRANDA, LUIS S MD
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509

Title: STD ( ) Delete
Name: MIRANDA, GISELLE MRS.
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509 US

Title: TRS ( ) Delete
Name: MIRANDA, ASTRID J DVM
Address: 3105 MAGDALENE FOREST CT.
City-St-Zip: TAMPA,, FL 336182509 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: PULLARA, GISELLE MRS.
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NORA R. MIRANDA PD 04/22/2009
Electronic Signature of Signing Officer or Director Date