

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000010153

1. Entity Name

MIAMI MARKET RESEARCH, INC.



Principal Place of Business

6840 SW 40 ST.
201A
MIAMI FL 33155

Mailing Address

6840 SW 40 ST.
201A
MIAMI FL 33155



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0645286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARLADE, ALBERTO J
3850 S.W. 87TH AVENUE #207
MIAMI FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 rechartering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PADRON, LUIS	
STREET ADDRESS	6840 SW 40 ST SUITE 201A	
CITY- ST- ZIP	MIAMI FL 33155	
TITLE	V	<input type="checkbox"/> Delete
NAME	PADRON, DANIA	
STREET ADDRESS	6840 SW 40 ST SUITE 201A	
CITY- ST- ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> Delete
NAME	PADRON, HIPOLITO	
STREET ADDRESS	3411 S.W. 100 AVENUE	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/> Delete
NAME	PADRON, ISABEL	
STREET ADDRESS	3411 S.W. 100 AVENUE	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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02/29/08-80045-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Luis Padron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08 305-666-7010

Date

Daytime Phone #