

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000024301

1. Entity Name  
MR. MIAMI BOTTLES, INC.



**FILED  
Mar 14, 2005 8:00 am  
Secretary of State**

03-14-2005 90089 046 \*\*\*150.00

Principal Place of Business  
14939 NW 27TH AVE.  
OPA LOCKA, FL 33054

Mailing Address  
14939 NW 27TH AVE.  
OPA LOCKA, FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARCELO  
2808 S. OCEAN DR., APT 611  
HALLANDALE, FL 33009

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RODRIGUEZ, MARCELO  
STREET ADDRESS 2808 S. OCEAN DR., APT 611  
CITY-ST-ZIP HALLANDALE, FL 33009

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

RODRIGUEZ, MARCELO  
2808 S. OCEAN DR., APT 611  
HALLANDALE, FL 33009

Change  Addition

TITLE VD  
NAME RODRIGUEZ, MARIA E  
STREET ADDRESS 2080 SOUTH OCEAN DR #611  
CITY-ST-ZIP HALLANDALE, FL 33009

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE TD  
NAME RIVERO, MEIBY  
STREET ADDRESS 6862 NW 78 CT  
CITY-ST-ZIP MIAMI LAKES, FL 33016

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Maria Rodriguez* MARIA E. Rodriguez

3-8-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #