2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
04-30-2008 90162 044 ***150.00

DOCUMENT # P96000024301

1. Entity Name
MR. MIAMI BOTTLES, INC.

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

66012239

04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0651810
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
TITLE	VD
NAME	RODRIGUEZ, MARIA E
STREET ADDRESS	2080 SOUTH OCEAN DR #611
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD
NAME	RIVERO, MEIBY
STREET ADDRESS	6862 NW 78 CT
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: Marcelo Rodriguez 5-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

2923

66012239

60032381

MR. MIAMI BOTTLES
14339 NW 27TH AVE.
OPA LOCKA, FL 33054-3354
(305) 687-1171

REGIONS BANK
63-466-631

4/14/2008

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE $ **150.00

One Hundred Fifty and 00/100****** DOLLARS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL 32314

MEMO

P96000024301

Maria E Rodriguez

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796
APR 30 2008

REGIONS BANK
062000019
7100867216

BANK OF AMERICA,NA JAX
05/07/08
6540245342

Copy of Canceled Check