## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # P96000031750** MIAMI SHORES COMMERCIAL BUILDING, INC. Principal Place of Business Mailing Address 884 80TH STREET 884 80TH STREET MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 04012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0658502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent VILLANUEVA, GLADYS DO NOT WRITE **884 80TH STREET** MIAMI BEACH, FL 33141 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. (NOTE: Registered Agent algnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . After May 1, 2008 Fee will be \$550.00 Added to Fees *U00000*894832 OFFICERS AND DIRECTORS 10: TITLE VILLANUEVA, GLADYS NAME 884 80TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME VILLANUEVA, NIVALDO STREET ADDRESS 884 80TH STREET CITY-ST-ZIP MIAMI BEACH, FL 33141 VILLANUEVA, OMAR NAME 884 80TH STREET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI BEACH, FL 33141 IN THIS SPACE NAME

12. Thereby 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 suppliemental 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 trusted 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.

ografice

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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