

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045482

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: MIACOM, INC.

**Current Principal Place of Business:**

6135 NW 167 STREET  
E-12  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6135 NW 167 STREET  
E-12  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 65-0706464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOND, WALTER  
6135 NW 167 ST  
E-12  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: KOND, WALTER  
Address: 6135 NW 167 STE-12  
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete  
Name: KOND, WALTER  
Address: 6135 NW 167 ST E-12  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER KOND

PRES

04/22/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date