

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000079645

1. Entity Name
CECILE MURIAS, INCORPORATED



Principal Place of Business
380 E. 9TH STREET, #14
HIALEAH, FL 33010

Mailing Address
380 E. 9TH STREET, #14
HIALEAH, FL 33010



05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
05-0567355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURIAS, JR., MIGUEL A MR.
67 EAST 5TH AVENUE
HIALEAH, FL 33010

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

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
MURIAS, JR., MIGUEL A MR.
67 EAST 5TH AVENUE
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

U000000763131
05/23/07-80042-017 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ **Daytime Phone #** _____

5-7-07 305.863-0319