2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

1. Entity Name
MIAMI PROFESSIONAL POLISHING, INC.



Principal Place of Business

4925 E. 10TH COURT HIALEAH, FL 33013 Mailing Address

4925 E. 10TH COURT HIALEAH, FL 33013



DO NOT WRITE IN THIS SPACE

1 12 011 501 316. 1	TILE BILLE ATIL BEILL DE	il 90(10 10(9) diil 00(4) (40) di0(40) (1041
04252007	No Chg-P	CR2E034 (11/05)	

4. FEI Number		Applied For	
65-0709985			Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

Daulime Phone #

6. Name and Address of Current Registered Agent

PENA, MARIO 4925 E. 10TH COURT HIALEAH, FL 33013

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent	urpose of changing its registere	d office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature typed or durined name of registered agent and fillind applicable (NOTE Registered Agent signature required when reinstalling) DATE					
FILE NOWIIT FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution		ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TOAS			
TITLE NAME STRIET ADDRESS CITY-ST-7IP	P PENA, MARIO 4925 E 10 CT N HIALEAH, FL 33013				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			••		U00000764241 05/30/07-80051-007 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE MAME STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	on this report or supplemental report is true a	ind accurate and that my signati If to execute this report as require	ire shali hay	ve the same legal effe	 Florida Statules, I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if