


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000057960 1. Entity Name MIGUEL INSTALLATION, INC.	
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Principal Place of Business 9831 N.W. 129 TERRACE HIALEAH GARDENS, FL 33018	Mailing Address 9831 N.W. 129 TERRACE HIALEAH GARDENS, FL 33018
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0766707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERREIRO, MIGUEL 9831 N.W. 129 TERRACE HIALEAH GARDENS, FL 33018

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FERREIRO, MIGUEL 9831 N.W. 129 TERRACE HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FERREIRO, SAMUEL 9831 N.W. 129 TERRACE HIALEAH GARDENS, FL 33018
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Miguel Ferreira* **PRESIDENT** 02/04/04 (205) 558-9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #