

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000061672

1. Entity Name
MIRAMAR 2, INC.



Principal Place of Business
7582 W. SAND LAKE ROAD
ORLANDO, FL 32819

Mailing Address
7582 W. SAND LAKE ROAD
ORLANDO, FL 32819

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3468882	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MAALI, JESSE
7582 W. SAND LAKE ROAD
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name Bassel Maali
Street Address (P.O. Box Number is Not Acceptable)
7582 W. Sand Lake Road

City Orlando FL Zip Code 32819

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

Bassel Maali
2/18/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAALI, JESSE
STREET ADDRESS 7582 W. SAND LAKE ROAD
CITY-ST-ZIP ORLANDO, FL 32819

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Bassel Maali
STREET ADDRESS 7582 W. Sand Lake Road
CITY-ST-ZIP Orlando, FL 32819

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE VPD
NAME Jihad Maali
STREET ADDRESS 7582 W. Sand Lake Road
CITY-ST-ZIP Orlando, FL 32819

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE SD
NAME Bassel Maali
STREET ADDRESS 7582 W. Sand Lake Road
CITY-ST-ZIP Orlando, FL 32819

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Bassel Maali

2/18/05 407-345-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Feb 25, 2005 8:00 am
Secretary of State**

02-25-2005 90147 006 ***150.00

40023145

