

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000093389		
1. Entity Name MIAMI NEON TABLES & MIRRORS, INC.		
Principal Place of Business 403 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	Mailing Address 403 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	
DO NOT WRITE IN THIS SPACE		
		
01182006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0804909		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent MALDONADO, ROBERT R 403 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009		DO NOT WRITE IN THIS SPACE
9. 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 date if applicable NOTE: Registered Agent signature required when reinstating DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALDONADO, ROBERT R 403 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	
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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: <u>Robert Maldonado</u> 1-18-06 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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01/31/06-80010-015 150.00**DO NOT WRITE
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