


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90189 049 ***150.00

DOCUMENT # P97000104958 1. Entity Name MIRACLE CHARTERS, INC.			
Principal Place of Business 3803 LITTLE AVE MIAMI, FL 33133		Mailing Address 3803 LITTLE AVE MIAMI, FL 33133	
2. Principal Place of Business 150 SUNRISE DR Suite, Apt #, etc. 3 B		3. Mailing Address 150 SUNRISE DR Suite, Apt #, etc. 3 B	
City & State KEY BISCAYNE, FL Zip 33149 Country USA		City & State KEY BISCAYNE, FL Zip 33149 Country USA	
4. FEI Number 65-0799103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SVENDSEN, R C 9610 OLD CUTLER RD CORAL GABLES, FL 33156		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SVENDSEN, R C 3803 LITTLE AVE MIAMI, FL 33133	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOLMES, HENRY P 18486 NW 24 ST PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SVENDSEN, GAIL R 3803 LITTLE AVE MIAMI, FL 33133	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: R. C. SVENDSEN PRESIDENT		Date 7/1/04 Daytime Phone # 305 668 8838	