

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90002 006 \*\*\*150.00

**DOCUMENT # P97000104958**

1. Entity Name  
**MIRACLE CHARTERS, INC.**



Principal Place of Business

**150 SUNRISE DR  
3B  
KEY BISCAVNE, FL 33149**

Mailing Address

**150 SUNRISE DR  
3B  
KEY BISCAVNE, FL 33149**

**50002074**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0799103**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SVENDSEN, R C  
9610 OLD CUTLER RD  
CORAL GABLES, FL 33156**

**DO NOT WRITE  
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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SVENDSEN, R C  
3803 LITTLE AVE  
MIAMI, FL 33133  
150 SUNRISE DR # 3B  
KEY BISCAVNE FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
HOLMES, HENRY P  
18486 NW 24 ST  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SVENDSEN, GAIL R  
3803 LITTLE AVE  
MIAMI, FL 33133  
150 SUNRISE DR # 3B  
KEY BISCAVNE FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 9 2005 305 668-8838**  
Date Daytime Phone #