


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

|   |  |   |
|---|--|---|
| DOCUMENT # P98000012606                 |  |  |
| 1. Entity Name<br>MIAMI NOTE BOOK, INC. |  |   |

FILED

2008 JUN 17 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |
|---|---|
| Principal Place of Business<br>8357 W. FLAGLER ST<br>SUITE 301<br>MIAMI, FL 33144 | Mailing Address<br>8357 W. FLAGLER ST<br>SUITE 301<br>MIAMI, FL 33144 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

06162008 Chg-P CR2E034 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0811384 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>RODRIGUEZ, RAUL<br>8357 W. FLAGLER ST<br>SUITE 301<br>MIAMI, FL 33144 |  |
|--|--|

|   |                     |
|---|---------------------|
| 7. Name and Address of New Registered Agent<br>Name <u>Antonio ANGEL-BELLO.</u><br>Street Address (P.O. Box Numt. is not Acceptable)<br><u>8357 W. FLAGLER ST suite 301</u><br>City <u>MIAMI</u> FL Zip Code <u>33144</u>     |                     |
| 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 <u>[Signature]</u>  | DATE <u>6-16-08</u> |

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  
Due by September 12, 2008**

|   |                             |
|---|-----------------------------|
| 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RODRIGUEZ, RAUL<br>8357 W. FLAGLER ST<br>MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Antonio ANGEL-BELLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><u>8357 W FLAGLER ST MIAMI FL 33144</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><u>900131632759</u><br><u>06/24/08--01038--024 **150.00</u>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 an agent like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-08

Date

Daytime Phone #