


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2005 90044 044 \*\*\*150.00

<b>DOCUMENT # P98000053151</b>					
<b>1. Entity Name</b> <b>MIAMI CLOSEOUTS, INC.</b>					
<b>Principal Place of Business</b> 10481 N KENDALL DR STE D201 MIAMI, FL 33176			<b>Mailing Address</b> 10481 N. KENDALL DR. SUITE D-201 MIAMI, FL 33176		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>65-0843105</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ARGUELLO, ANA - 8621 SW 93RD CT MIAMI, FL 33173			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
<b>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.</b>					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>P</b>            ARGUELLO, ANA            8621 SW 93 CT            MIAMI, FL 33173         </div> <div> <input type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>            ZALDANA, OSCAR            8621 SW 93 CT            MIAMI, FL 33173         </div> <div> <input type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>            AXEL, PREUSS-KUHNE            2170 NORTH BAY ROAD            MIAMI BEACH, FL 33140         </div> <div> <input type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete         </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete         </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete         </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>Director</b>            Arguello, Ana            8621 SW 93 CT            Miami, FL 33173         </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>President</b>            Zaldana Oscar            8621 SW 93 CT            Miami, FL 33173         </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01-21-05 (305) 271-3053 <small>Date Daytime Phone #</small>	