

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 004 ***158.75

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1. Entity Name

MIRANDA BROTHERS CORP.



Principal Place of Business

4040 S.W. 115 AVENUE
HOUSE
MIAMI FL 33165
US

Mailing Address

4040 SW 115 AVENUE
MIAMI FL 33165
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0876218**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, VICTOR
4040 SW 115 AVE
MIAMI FL 33165

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME MIRANDR, YUSIMI
STREET ADDRESS 6245 SW KENDAK LAKE CIRCLE #200
CITY-ST-ZIP MIAMI FL 33183

TITLE **S** ☒ Delete
NAME MIRANDA, JORGE L
STREET ADDRESS 4100 SW 111 AVE
CITY-ST-ZIP MIAMI FL 33165

TITLE **P** ☐ Delete
NAME MIRANDA, VICTOR
STREET ADDRESS 4040 SW 115 AVE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME MIRANDA, AURORA
STREET ADDRESS 4040 SW 115 AVE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Victor Miranda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 (305) 480-7724
Date Daytime Phone #