


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000017785</b> 1. Entity Name <b>MIRA'S CONTEMPORARY ART, INC.</b>	
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Principal Place of Business <b>16481 NE 26TH AVE NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>16481 NE 26TH AVE NORTH MIAMI BEACH FL 33160</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent		4. FEI Number <b>65-0901844</b>		Applied For
<b>ROSENTHAL, KERRY E ESQ. 2875 NE 191ST STREET, STE 500 AVENTURA FL 33180</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Not Applicable
Name		7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)		Name		
City		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		State <b>FL</b>		
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D NIKOLIC, MIRA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16481 NE 26TH AVE	NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33160	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		

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02/20/07-80060-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

**SIGNATURE:** Mira Nikolic /MIRA NIKOLIC/ 02/07/07 305 9458756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #