

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000023617

1. Entity Name
MIANET CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 23 PM 1:02

Principal Place of Business
**11821 S.W. 190TH ST.
MIAMI, FL 33177**

Mailing Address
**11821 S.W. 190TH ST.
MIAMI, FL 33177**



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

01182008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0910464

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

**IVETTE, SCULL
11821 S.W. 190TH ST.
MIAMI, FL 33177**

Name **Eduardo Delgado**

Street Address (P.O. Box Number is Not Acceptable)

11821 SW 190TH ST.

City **Miami**

FL

Zip Code **33177**

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME **SCULL, IVETTE**
STREET ADDRESS **11821 S.W. 190TH ST.**
CITY-ST-ZIP **MIAMI, FL 33177**

T
NAME **Eduardo Delgado**
STREET ADDRESS **11821 SW 190TH ST**
CITY-ST-ZIP **MIAMI FL 33177**

S
NAME **GIRO, NISKA**
STREET ADDRESS **8201 NW 8ST APT 511**
CITY-ST-ZIP **MIAMI, FL 33126**

800116366388
01/29/08--01038--019 **150.00

P
NAME **ALBERTO, RODRIGUEZ**
STREET ADDRESS **1350 NW 5 ST**
CITY-ST-ZIP **MIAMI, FL 33125**

Change Addition

Change Addition

Change Addition

Change 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B 1/23/08