


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90330 027 ***158.75

DOCUMENT # P99000029576					
1. Entity Name MIAMI ENTERPRISES, INC.					
Principal Place of Business 18033 S.W. 143RD COURT MIAMI, FL 33177			Mailing Address 18033 S.W. 143RD COURT MIAMI, FL 33177		
2. Principal Place of Business - No P.O. Box # 392 NE 28 TERRACE		3. Mailing Address 392 NE 28 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Homestead		City & State Homestead		4. FEI Number 65-0921841	
Zip 33033		Country MIAMI-DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORONADO, NESTOR 7360 CORAL WAY SUITE 21 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name OSCAR AGUIRRE Street Address (P.O. Box Number is Not Acceptable) 392 NE 28 TERRACE City Homestead. FL Zip Code 33033			
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><i>Oscar Aguirre</i></u> <u>OSCAR AGUIRRE</u> <u>4/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AGUIRRE, OSCAR 18033 S.W. 143RD COURT MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODERICH, NATALIA 18033 S.W. 143RD COURT MIAMI, FL 33177	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Oscar Aguirre</i></u> <u>OSCAR AGUIRRE</u>				<u>4/12/07</u> <u>305-2306980</u> <small>Date Daytime Phone #</small>	