


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90097 023 ***150.00

DOCUMENT # P99000068363 1. Entity Name MIACOL ENTERPRISES, INC.					
Principal Place of Business 5341 NW 79TH AVE MIAMI, FL 33166			Mailing Address 15133 NW 1ST STREET PEMBROKE PINES, FL 33028		
2. Principal Place of Business 7444 SW 117TH AVE Suite, Apt. #, etc. MIAMI, FL City & State		3. Mailing Address 7444 SW 117TH AVE Suite, Apt. #, etc. MIAMI, FL City & State			
Zip 33183-3806		Country USA		4. FEI Number 65-0988600	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANCHEZ, JUAN F 5341 NW 79TH AVE. MIAMI, FL 33166			7. Name and Address of New Registered Agent Name SANCHEZ, JUAN F Street Address (P.O. Box Number is Not Acceptable) 7444 SW 117TH AVE MIAMI City FL		
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, typed or printed name of registered agent and title if applicable. <i>[Signature]</i>		
(NOTE: Registered Agent signature required when reinstating)			DATE 3/12/04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DVPS SANCHEZ, JUAN F 5341 NW 79TH AVE. MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 7444 SW 117TH AVE MIAMI, FL 33183-3806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OSORIO, BERNARDO CALLE #30 #130-48 SANTA FE DE BOGOTA, CO		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>[Signature]</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V. Presides		
Date 3/12/04			Daytime Phone # (305) 412-2466		