

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90030 005 ***158.75

DOCUMENT # S04262

1. Entity Name

MIMOF CORPORATION



Principal Place of Business
995S.W. 69TH AVENUE
P. O. BOX 440854
MIAMI FL 33144

Mailing Address
995S.W. 69TH AVENUE
P. O. BOX 440854
MIAMI FL 33144



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

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0223127

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

~~FUENTES, JOSE ANTONIO~~
~~2140 S.W. 65 AVENUE~~
~~995 S.W. 69TH AVENUE~~
~~MIAMI FL 33144~~

Name **FUENTES Jose A**

Street Address (P.O. Box Number is Not Acceptable)
995 SW 69 AVE

City **MIAMI**

FL

Zip Code **33144**

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]

SECRETARY

3-25-08

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FUENTES, JOSE ANTONIO 2140 S.W. 65 AVE. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTES, JOSE M. 8810 S.W. 38 ST. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENTES, ZOLLA 2140 SW 65 AVE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY S. FUENTES JOSE A 2140 SW 65 AVE MIAMI FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT P. MONTES JOSE M. 8810 SW 38 ST MIAMI FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. T. FUENTES ZOLLA 2140 SW 65 AVE MIAMI FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JOSE FUENTES
SECRETARY

3-25-08

S052667665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Number