2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S04262

Entity Name: MIMOF CORPORATION

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

 995S.W. 69TH AVENUE
 P.O BOX 440854

 P. O. BOX 440854
 P.O. BOX 440854

 MIAMI, FL 33144
 MIAMI, FL 33144

FEI Number: 65-0223127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 FUENTES, JOSE ANTONIO
 FUENTES, JOSE ANTONIO

 995 SW 69 AVE
 2140 S. W. 65 AVE

 MIAMI, FL 33144 US
 MIAMI, FL 33155 US

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.

SIGNATURE: JOSE FUENTES 02/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 S
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 FUENTES, JOSE A
 Name:
 FUENTES, JOSE A

 Address:
 2140 SW 65 AVE
 Address:
 2140 SW 65 AVE

Address: 2140 SW 65 AVE Address: 2140 SW 65 AVE
City-St-Zip: MIAMI, FL 33155
City-St-Zip: MIAMI, FL 33155

 Title:
 P
 () Delete
 Title:
 PR
 (X) Change () Addition

 Name:
 MONTES, JOSE M
 Name:
 MONTES, JOSE M

 Address:
 8810 S.W. 38 ST.
 Address:
 8810 S.W. 38 ST.

 Address:
 8810 S.W. 38 ST.
 Address:
 8810 S.W. 38 ST.

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL
 33165

Title: V.T. () Delete Title: S (X) Change () Addition

 Name:
 FUENTES, ZOLLA
 Name:
 FUENTES, ZOLLA

 Address:
 2140 SW 65 AVE
 Address:
 2140 SW 65 AVE

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE FUENTES TR 02/26/2009