2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S11032

Entity Name: MIAMI REFERRAL SERVICES, INC

FILED Apr 09, 2007 Secretary of State

_many man		ENTONE OFFICE OF THE			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	XIE HIGHWAY ABLES, FL 331	46 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
333 GRAN 2900	ID AVENUE		666 GRAND AVENUE 2900		
	NES, IA 50303	US	DES MOINES, IA 50303	US	
FEI Number:	: 65-0231920	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
1200 S PIN PLANTATI	ORATION SYST NE ISLAND RD ION, FL 33324	US	virgos of changing its registered (office or registered agent or both	
	e of Florida.	ubmits this statement for the p	ourpose of changing its registered of	office of registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agen			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, D () PELTIER, RONA 333 S. 7TH ST., MINNEAPOLIS, I	27TH FLOOR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T, D () SATTLER, CIND 333 S. 7TH ST., MINNEAPOLIS, I	27TH FLOOR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () STRANDMO, DA 333 S. 7TH ST., MINNEAPOLIS, I	27TH FLOOR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	D ()	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DANA STRANDMO S 04/09/2007

SHUFFIELD, RONALD A

1360 S. DIXIE HIGHWAY

CORAL GABLES, FL 33146 US

Name:

Address:

City-St-Zip: