


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90192 031 \*\*\*150.00

**DOCUMENT # S18776**  
 1. Entity Name  
**MIROCO, INC.**



Principal Place of Business  
**2601 BISCAYNE BLVD.**  
**MIAMI, FL 33137**

Mailing Address  
**2601 BISCAYNE BLVD.**  
**MIAMI, FL 33137**

**24070570**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0231108</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, ROGER**  
**2601 BISCAYNE BLVD.**  
**MIAMI, FL 33137**

**7. Name and Address of New Registered Agent**

Name: *Antonio Rodriguez*  
 Street Address (P.O. Box Number is Not Acceptable): *2601 Biscayne Blvd.*  
 City: *MIAMI* FL Zip Code: *33137*

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/23/04*  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, ROGER	
STREET ADDRESS	2601 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MICHELLE	
STREET ADDRESS	2601 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/04 305 576-6333*

Date

Daytime Phone #