2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21450

City-St-Zip:

PORT ST. LUCIE, FL

Entity Name: MIRANDA SALES & SERVICE. INC

FILED Mar 27, 2009 Secretary of State

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Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
MIRANDA SALES & SERVICE, INC. 408 FARMER MARKET ROAD FORT PIERCE, FL 34982 US			MIRANDA SALE 750 NW ENTER PORT ST. LUCII		
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
MIRANDA JR., DON 408 FARMERS MARKET ROAD FORT PIERCE, FL 34982 US			750 NW ENTER	MIRANDA SALES & SERVICE, INC. 750 NW ENTERPRISE DRIVE PORT ST. LUCIE, FL 34986 US	
FEI Number:	59-3055101	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addi	ress of New Registered Agent:	
MIRANDA JR., DON 408 FARMERS MARKET ROAD FORT PIERCE, FL 34982 US			750 NW ENTÉR	MIRANDA JR., DON 750 NW ENTERPRISE DRIVE PORT ST LUCIE, FL 34986 US	
The above in the State		submits this statement for the pu	urpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE:				03/27/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Cam	paign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () MIRANDA, DON 717 NE EASTLA PORT ST. LUCI	AKE STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OV () FUNGONE, MAI 1124 SE PROC PORT ST. LUCI	TOR LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	OS () MICHAEL, MIRA 1130 SE PROC		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DON J MIRANDA DP 03/27/2009