2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # S48208 1. Entity Name EL MIRA SOL, INC. Mailing Address Principal Place of Business **4008 AIRPORT ROAD 4008 AIRPORT ROAD** PLANT CITY, FL 33567 PLANT CITY, FL 33567 04182008 No Chg-P CR2E034 (11/05) Applied Fo 4. FEI Number 59-2868380 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAMA, GUILLERMO DO NOT WRITE 4008 AIRPORT RD SUITE D IN THIS SPACE PLANT CITY, FL 33567 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 according to the control of the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees , OFFICERS AND DIRECTORS 10. TITLE GAMA, GULLLERMO NAME **408 AIRPORT RD** STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 TITLE GAMA, PATIRCIA L NAME STREET ADDRESS 4008 AIRPORT RD CITY-ST-ZIP PLANT CITY, FL 33567 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS