


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V45363		
1. Entity Name MIAMI MODAS INC.		
Principal Place of Business 9590 S.W. 40TH ST. MIAMI, FL 33165	Mailing Address 9590 S.W. 40TH ST. MIAMI, FL 33165	

FILED
Jul 14, 2008 08:00 AM
Secretary of State



06242008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0343272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MIRANDA, EDGAR 3811 SOUTHWEST 99TH AVENUE APT. 4 MIAMI, FL 33165
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MIRANDA, EDGAR 9590 S.W. 40TH ST. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRANDA, ALINA 9590 SW 40TH ST MIAMI, FL 33165
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07/14/08-80014-012 150.00

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IN THIS SPACE**

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 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:  **President** 06-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #