

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S21450

**Entity Name:** MIRANDA PLUMBING & AIR CONDITIONING, INC.

**FILED**  
**Mar 16, 2021**  
**Secretary of State**  
**0750404690CC**

**Current Principal Place of Business:**

MIRANDA PLUMBING & AIR CONDITIONING, INC.  
750 NW ENTERPRISE DRIVE, SUITE 100  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

MIRANDA PLUMBING & AIR CONDITIONING, INC.  
750 NW ENTERPRISE DRIVE, SUITE 100  
PORT ST. LUCIE, FL 34986 US

**FEI Number: 59-3055101**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MIRANDA JR., DON  
750 NW ENTERPRISE DRIVE  
SUITE 100  
PORT ST LUCIE, FL 34986 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name MIRANDA, DON J  
Address 717 NE EASTLAKE STREET  
City-State-Zip: PORT ST. LUCIE FL

Title OV  
Name FUNGONE, MARY ANN  
Address 1124 SE PROCTOR LANE  
City-State-Zip: PORT ST. LUCIE FL

Title OS  
Name MICHAEL, MIRANDA  
Address 1130 SE PROCTOR LANE  
City-State-Zip: PORT ST. LUCIE FL

*I hereby 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 all other like empowered.*

**SIGNATURE: DON MIRANDA**

**PRESIDENT**

**03/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date