


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90009 027 ***158.75

DOCUMENT # 359150

1. Entity Name
INTERNATIONAL PRESS OF MIAMI INC



Principal Place of Business Mailing Address
7475 NW 7TH STREET **7475 NW 7TH STREET**
MIAMI, FL 33126 US **MIAMI, FL 33126 US**

40043348



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
59-1291542 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUHI, JOAQUIN
9700 SW 77TH ST.
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	RUHI, CONRAD	
STREET ADDRESS	10285 SW 93 TERR	
CITY-ST-ZIP	MIAMI, FL 00000,	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUHI, JOAQUIN, JR	
STREET ADDRESS	7891 SW 94 COURT	
CITY-ST-ZIP	MIAMI, FL 00000,	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUHI, JOAQUIN	
STREET ADDRESS	9700 SW 77TH ST	
CITY-ST-ZIP	MIAMI, FL 00000,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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 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: *Joaquin R. Ruhi* Joaquin R. Ruhi, Pres. _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #