


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762700**  
 1. Entity Name  
 NAMI OF MIAMI, INC.



Principal Place of Business 6780 SW 57 AVE MIAMI, FL 33143	Mailing Address 5711 S DIXIE HWY MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2207150	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROBINSON, JUDITH  
 11756 SW 102 STREET  
 MIAMI, FL 33186

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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 re-registering) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JUDITH 11756 SW 102 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, GARLIN 600 BILTMORE WAY, #1204 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIMMER, MARK 9225 SW 68 STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, VICTOR 7101 SW 129 AVE #6 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000007235480  
 02/19/05-80006-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Mark A. Zimmer TREASURER MARK ZIMMER 305-271-0213  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #