## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 13, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # H03738 IIAMI CORP.				^	02-13-200	96 900 <b>3</b> 1 0		.00
Principal Place of Business C/O PACIFIC R E MGMT CORP 2600 DOUGLAS ROAD #1004 MIAMI, FL 33145 US		Mailing Address C/O PACIFIC R E MGMT COI 2600 DOUGLAS ROAD #10 MIAMI, FL 33145 US			1 (88/41) 8/11	<b>CRISS</b> (111) ( <b>CROS</b> (11	11 1211 PIPU PIPU AI	<b>211 21211 2121</b> 1 212	Trêdi si 1981
396 8	lace of Business LHAMBRA CIRCLE	3. Mailing Address 396 ALHAHBRA CIRCLE							
Suite, Apt.		Suite, Apt. #, etc. /OO			01102006	Chg-P	CR2E	034 (11/05)	
City & State CORAZ GABLES FL		City & State CURAL GABLES FL		FZ	4. FEI Numbe 13-322			<del></del>	plied For of Applicable
Zip _3	23/31/ Country	Zip 33/34 C	Country		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add Fee Require	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent						
MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA 25 S.E. SECOND AVENUE. SUITE #900				Name  MURA/ WALD BIONDO MORENO & BROCHIN  Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33131									
				City Corn & GABLES FL Zip Code 33/34					
The above named entity submits this statement for the purpose of changing its registered office.							f Florida. I am		
the obligations of registered agent.  SIGNATURE  Signature. typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
(v.)s									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO	OFFICERS ANI	DIRECTORS	3 IN 11
TITLE NAME	P DEL CARMEN MORIA, MARIA	☐ Delete	title Name	MARI	A DEZ CA ALHAMBU	RNEN M	ORLA	<b>⊡</b> Change	Addition
STREET ADDRESS CITY-ST-ZIP	2600 DOUGLAS ROAD CORAL GABLES, FL 33134		STREET ADDRESS CITY-ST-ZIP		ne Gasi				
TITLE NAME	DVP ISAIAS, ROBERTO	☐ Delete	TITLE NAME		-			Change	Addition
STREET ADDRESS	2600 DOUGLAS ROAD		STREET ADDRESS	-	genanban				
CITY-ST-ZIP	DT CORAL GABLES, FL 33134	☐ Delete	CITY-ST-ZIP	COR	al Gable	1,02.	33174	T Change	Addition
NAME	ISAIAS, WILLIAM		NAME	206	A) CHA) MS R	en ClàCla	· \$ 12: 100		
STREET ADDRESS CITY-ST-ZIP	2600 DOUGLAS ROAD CORAL GABLES, FL		STREET ADDRESS CITY-ST-ZIP	576 Con	enk Gabl	es, Fa.	33/34		
TITLE NAME	DS ISAIAS, ESTEFANO	☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS	2600 DOUGLAS ROAD		STREET ADDRESS	396	ALHAMB ON GABL	nn cincl	i 572100	,	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Con	AK GABL	es- th.	35134		
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	portify that the information assetted state	thin filling does not sweet to	CiTY-ST-ZIP		in Chanta 112	Clasida Como			-f
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.									