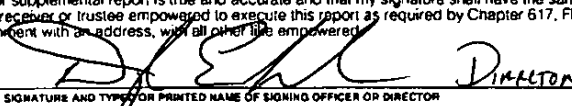


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-02-2007 90011 010 ****61.25

DOCUMENT # N00000000134 1. Entity Name ARTISTS IN MOTION OF MIAMI, INC.					
Principal Place of Business 454 NE 58 STREET MIAMI, FL 33137			Mailing Address 454 NE 58 STREET MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02192007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0980096				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, DARYL 454 NE 58 ST MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, DARYL 5084 BISCAYNE BLVD MIAMI, FL 33137
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
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 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 title empowered.					
SIGNATURE:  3/20/07 305-989-4353 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					