


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90406 041 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010605

1. Entity Name
 ALMA VISION MIAMI, INC.



Principal Place of Business
 1881 N.E. 146 ST
 NORTH MIAMI, FL 33181

Mailing Address
 1881 N.E. 146 ST
 NORTH MIAMI, FL 33181

40076039



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
 86-1091083 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CASTILLO, YAMIL
 13833 SW 104 ST
 MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name Daniel Caamano
 Street Address (P.O. Box Number is Not Accepted) 5400 North 35th Street
 City Hollywood FL 33021

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 _____
Signatures typed or printed name of registered agent and Box 4 applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAAMANO, DANIEL P.O. BOX 963 HALLANDALE, FL 35006 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SOTOLONGO, JAVIER 13833 S.W. 142ND AVE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDT CASTILLO, YAMIL 13833 S.W. 142ND AVE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEON, DINORAH 13833 SW 142 AVE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRUZ, HUMBERTO 13833 SW/142 AVE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 trustee or trustee empowered to execute this report as required by Chapter 817, 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 info empowered.

SIGNATURE:  DATE: 4/28/06

SIGNATURE TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR Date Daytime Phone #