


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000084921  
 1. Entity Name  
 MIAMI FINISHING, INC.



Principal Place of Business      Mailing Address  
 7249 NW 36 COURT                      7249 NW 36 COURT  
 MIAMI, FL 33147                          MIAMI, FL 33147

**DO NOT WRITE IN THIS SPACE**



01062005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 43-1970150                          Not Applicable

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

6. Name and Address of Current Registered Agent

MARX, JAMES  
 848 BRICKELL AVE., SUITE 750  
 MIAMI, FL 33131

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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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

11000000241390  
 02/24/05-80040-020 158 75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WOLF, RICHARD B
STREET ADDRESS	625 BILTMORE WAY
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	P
NAME	POPLIN, MARK K
STREET ADDRESS	17435 N.W. 85 AVE.
CITY - ST - ZIP	MIAMI, FL 33015
TITLE	S
NAME	POPLIN, LISA
STREET ADDRESS	16321 ONTERIO PL.
CITY - ST - ZIP	DAVIE, FL 33331
TITLE	T
NAME	WYRICK, DAVID
STREET ADDRESS	20524 S.W. 52 MANOR
CITY - ST - ZIP	PEMBROKE PINES, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: Mark K. Poplin, President      Mark K. Poplin      (305) 836-1300  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      Daytime Phone #