


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90656 036 ***150.00

DOCUMENT # P03000004964
 1. Entity Name
MIAMI TUX, INC.



Principal Place of Business
 2319 NW 20TH ST.
 MIAMI, FL 33142

Mailing Address
 2319 NW 20TH ST.
 MIAMI, FL 33142

94080665



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
74-3075857

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
DESME, PERCY
 2319 NW 20TH ST.
 MIAMI, FL 33142

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	DESME, PERCY
STREET ADDRESS	15400 SW 99TH LANE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D <input type="checkbox"/> Delete
NAME	DESME, HUGO
STREET ADDRESS	15894 KILMARNOCK DR.
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	D <input type="checkbox"/> Delete
NAME	DESME, JORGE
STREET ADDRESS	13101 SW 85TH ST.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D <input type="checkbox"/> Delete
NAME	DESME, CARLOS
STREET ADDRESS	3667 SOUTH MIAMI AVE., APT. 144
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D <input type="checkbox"/> Delete
NAME	NUSZ, REBECA
STREET ADDRESS	18703 SW 93RD CT.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #