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Secretary of State

02-28-2005 90204 045 ***158.75

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000042964

1. Entity Name
THE CENTER OF MIAMI CORP.

Principal Place of Business	Mailing Address
~~8336 BIRD ROAD~~ ~~MIAMI, FL 33155~~	~~8336 BIRD ROAD~~ ~~MIAMI, FL 33155~~

66007097

02222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8966 SW 87th Ct.	8966 SW 87th Ct.
Suite, Apt. #, etc. # S-9	Suite, Apt. #, etc. # S-9
City & State Miami	City & State Miami
Zip FL Country 33176	Zip FL Country 33176

4. FEI Number 20-0798302 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAIRD, STEVEN K
STEVEN K. BAIRD, P.A.
5981 NE SIXTH AVE.
MIAMI, FL 33137

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 ______________________
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PTSD NAME Eduardo Rodriguez STREET ADDRESS 8966 SW 87 Court # S-9 CITY-ST-ZIP Miami, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Eduardo Rodriguez Feb. 24, 2005 3052074417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #