

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025641

FILED
Apr 25, 2007
Secretary of State

Entity Name: MIAMI HOUSING RESOURCES INC.

Current Principal Place of Business:

199 OCEAN LANE DRIVE
314
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

199 OCEAN LANE DRIVE
314
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 03-0570653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS, SANTAMARIA J
199 OCEAN LANE DR.
314
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: SANCHEZ, DIEGO
Address: 199 OCEAN LANE DRIVE APT.904
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: TS () Delete
Name: MARTI, MARIA ASUNCIÓN
Address: 199 OCEAN LANE DRIVE APT.904
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

PVP

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date