


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90010 036 \*\*\*150.00

DOCUMENT # P05000031207  
 1. Entity Name  
 4280 TAMIAMI GROUP, INC.



Principal Place of Business Mailing Address  
 10250 SE 56 STREET STE D-201 10250 SE 56 STREET STE D-201  
 MIAMI, FL 33165 MIAMI, FL 33165

2. Principal Place of Business 3. Mailing Address  
 10250 Sw 56 St. 10250 SW 56 ST. #D-201  
 Suite, Apt #, etc. Suite, Apt. #, etc.  
 #D-201 #D-201  
 City & State City & State  
 MIAMI, FLORIDA  
 Zip Country Zip Country  
 33165 U.S.A.

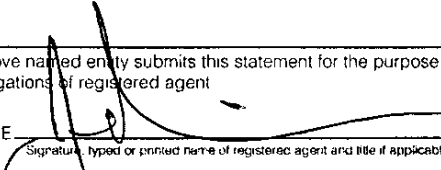


01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
 MACIAS, JUAN C  
 10250 SE 56 STREET STE D-201  
 MIAMI, FL 33165

4. FEI Number 20-2494842 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 7. Name and Address of New Registered Agent  
 Name JUAN C. MACIAS  
 Street Address (P.O. Box Number is Not Acceptable) 10250 Sw 56 St. #D-201  
 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

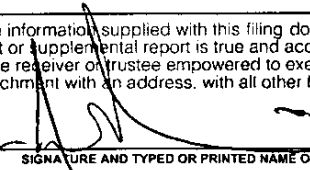
SIGNATURE  (NOTE: Registered Agent signature required when re-registering) DATE 3/31/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	P MAILE, CORY 10250 SE 56 STREET STE D-201 MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GUILLAMA, ISIDRO L 10250 SE 56 STREET STE D-201 MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACIAS A, JUAN C 10250 SE 56 STREET STE D-201 MIAMI, FL 33165 <input type="checkbox"/> Delete	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"/> Delete	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 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:  DATE 3/31/06 DAYTIME PHONE # (305) 279-5697