

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 Al Secretary of State

| DOCUMENT # P0500 1. Entity Name MIAMI EVENTS, INC. | | |
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| Principal Place of Business 4308 SW 62ND AVE S MIAMI, FL 33155 | Mailing Address 4308 SW 62ND AVE S MIAMI, FL 33155 | |

| Principal Plac 4308 SW 62 S MIAMI, FL | ND AVE | Mailing Address 4308 SW 62ND AVE S MIAMI, FL 33155 | | | 81 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|--|---|--|-------------------------------|--------------------------------|---|---|
| DO NOT WRITE IN THIS SPACE | | | | 03212007 4. FEI Numbe 51-0556 | No Chg-P | CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ROBAINA, JULIO 4308 SW 62ND AVE S MIAMI, FL 33155 | | | DO NOT WRITE IN THIS SPACE | | | |
| 8. The above the obligat | named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and | · · | | istered agent, or bot | h, in the State of Florid | a. I am familiar with, and accept DATE |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | | |
| 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | OFFICERS AND DIF D ROBAINA, JULIO 4308 SW 62ND AVE S MIAMI, FL 33155 | RECTORS | | | 000000 04/17/07 | 0694653 -80027-022 150.00 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | | NOT WE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | •. | | | | | |
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12. Thereby 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Daytime Phone #