


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90051 027 \*\*\*150.00

<b>DOCUMENT # P96000031750</b>	
1. Entity Name <b>MIAMI SHORES COMMERCIAL BUILDING, INC.</b>	

Principal Place of Business <b>10886 N.E. 6TH AVENUE MIAMI, FL 33161</b>	Mailing Address <b>10886 N.E. 6TH AVENUE MIAMI, FL 33161</b>
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2. Principal Place of Business <b>884 - 80th Street</b>	3. Mailing Address <b>884 - 80th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>
Zip <b>33141</b>	Zip <b>33141</b>
Country <b>Dele</b>	Country <b>Dele</b>



03212005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0658502</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>VILLANUEVA, GLADYS 10886 N.E. 6TH AVENUE MIAMI, FL 33161</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>884 - 80th Street</b>	
City <b>Miami Beach</b>	FL Zip Code <b>33141</b>

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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLANUEVA, GLADYS</b>	NAME	
STREET ADDRESS	<b>884 80TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLANUEVA, NIVALDO</b>	NAME	
STREET ADDRESS	<b>884 80TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLANUEVA, OMAR</b>	NAME	
STREET ADDRESS	<b>884 80TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	Date <b>3/21/05</b>	Daytime Phone # <b>(305) 868-6735</b>
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