2006 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nam	MENT # P990001087 MIAMI, INC.	'17		FILED 06 APR 27 AM 10: 27	
Principal Place 1632 PENNS MIAMI BEACH	SYLVANIA AVE	Mailing Address 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139	IS	MIT AMEST E. FLORIDA	
				04142006 No Chg-P CR2E034 (11/05)	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0976465 5. Certificate of Status Desired Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
ROBINS, CRAIG 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139				DO NOT WRITE IN THIS SPACE	
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. (NDTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DI	RECTORS	1		
TITLE	PD				
NAME	ROBINS, CRAIG				
STREET ADDRESS CITY-ST-ZIP	1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139				
TITLE	VP		-		
NAME	GRETENSTEIN, STEVEN		1	100024142044	
STREET ADDRESS	1632 PENNSYLVANIA AVE			100074147241 05/08/0601014012 **881.29	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		4		
TITLE NAME					
STREET ADDRESS				DO NOT WOITE	
CITY-ST-ZIP			1	DO NOT WRITE	
TITLE	1 1/32/4			IN THIS SPACE	
NAME STREET ADDRESS	[(N /0 / 0		l		
CITY-ST-ZIP			<u> </u>		
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CITY-ST-ZIP					
TITLE			1		
NAME					
STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with tills filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is the 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 of trustee ampowered 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 addiress, with all other like empowered.					
SIGNATURE:			TOR	4/17/04 305-531-8700 Date Daytime Phone #	
SIGNATURE: SIGNAT					