## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #354209** FILED 1. Entity Name MIAMI PEPE'S HARDWARE, INC. 06 HAR 28 PH 2: 19 Principal Place of Business Mailing Address TALLA MASSIE, FLORIDA 2300 CORAL WAY 2300 CORAL WAY SUITE 200 SUITE 200 MIAMI, FL 33145 MIAMI, FL 33145 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Chg-P CR2E034 (11/05) City & State City & State 4, FEI Number Applied For 59-1274387 Not Applicable Country Zip Country Zιο \$8.75 Additional 5. Certificate of Status Desired X 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 200 MIAMI, FL 33145 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE (XI Channe Addition NAME FERNANDEZ, JOSE R NAME 943 W. FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP SD TITLE Delete Change Addition 400069135334 FERNANDEZ, ALBERTO NAME NAME 943 W. FLAGLER STREET STREET ADDRESS 03/31/06--01009--025 STREET ADDRESS \*\*158.75 CITY-ST-ZIP MIAMI, FL CITY-ST-7IP TITLE TD TITLE Change Addition Defete FERNANDEZ, JORGE L NAME NAME STREET ADDRESS 943 W. FLAGLER STREET STREET ADORESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY - ST - ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 2-16-06 305-856-0056 SIGNATURE: