

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 101652 1. Entity Name CORPORATION COMPANY OF MIAMI					
Principal Place of Business 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI, FL 33131			Mailing Address 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI, FL 33131		
2. Principal Place of Business Suite Apt. #, etc.			3. Mailing Address Suite Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03172006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2713868				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERLEY, RICHARD E 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$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	VTO MENOR, ARTHUR 250 AUSTRALIAN AVE S, SUITE 500 WEST PALM BEACH, FL 33401	<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	V SALAS, RAUL J 201 S BISCAYNE BLVD MIAMI, FL 33131	<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	V IGLESIAS, DANIA 201 S BISCAYNE BLVD MIAMI, FL 33131	<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	V WILLARD, JAMES G 300 S ORANGE AVE, SUITE 1000 ORLANDO, FL 32801	<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	PSD MURPHY, TIMOTHY J 201 S BISCAYNE BLVD MIAMI, FL 33131	<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	V HUMPHRIES, J. GREGORY 300 S ORANGE AVE, SUITE 1000 ORLANDO, FL 32801	<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					