
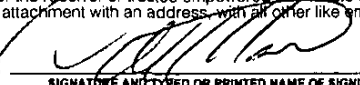


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90027 016 \*\*\*150.00

<b>DOCUMENT # 257697</b>					
1. Entity Name SOUTH MIAMI CORPORATION					
Principal Place of Business 5750 SUNSET DRIVE P. O. BOX 1000 MIAMI, FL 33143			Mailing Address 5750 SUNSET DRIVE P. O. BOX 1000 MIAMI, FL 33143		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCRANTON, KENNETH E.		NAME		
STREET ADDRESS	680 N LAKE SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRCH, C		NAME		
STREET ADDRESS	680 N. LAKE SHORE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIRTZ, WILLIAM W		NAME		
STREET ADDRESS	680 N. LAKE SHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, ILL 00000,		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCKWELL, WIRTZ W		NAME		
STREET ADDRESS	680 N. LAKE SHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOHLER, MAX		NAME		
STREET ADDRESS	680 N. LAKE SHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	S Donald Hunter	
STREET ADDRESS			STREET ADDRESS	680 N. Lake Shore Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago IL 60611	
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: 		Donald Hunter		1/13/06 952-933-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



01132006 Chg-P CR2E034 (11/05)

4. FEI Number **36-6054632** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required