2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291700

FILED Mar 28, 2005 Secretary of State

Entity Name: NORTH MIAMI INVESTMENTS, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	FFING BLVD IAMI, FL 33161	US		
urrent M	lailing Address:		New Mailing Addres	s:
	FFING BLVD IAMI, FL 33161	US		
El Number	: 59-1114213	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of Cur	rent Registered Agent:	Name and Address of	of New Registered Agent:
EBEL, BF	RIAN R IFFING BLVD			
i Miami, F	FL 33161 US	omits this statement for the	purpose of changing its registere	ed office or registered agent. or both.
MIAMI, F	FL 33161 US	omits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
MIAMI, F	FL 33161 US named entity sub e of Florida. RE:			
MIAMI, F he above the State	named entity subsection of Florida. RE: Electronic	omits this statement for the Signature of Registered Ag		ed office or registered agent, or both, Date
he above the State IGNATUI	named entity subsection of Florida. RE: Electronic	Signature of Registered Ag	ent	
he above the State IGNATUI	FL 33161 US named entity subset of Florida. RE: Electronic mpaign Financing To	Signature of Registered Agrust Fund Contribution (). ORS: elete	ent	Date
he above the State IGNATUI lection Car FFICER: tte: ame: ddress:	e named entity subset of Florida. RE: Electronic mpaign Financing To S AND DIRECTO PSTD () De LEBEL, TRACEY A 12800 GRIFFING I	Signature of Registered Agrust Fund Contribution (). PRS: Blete A, BLVD. Blete INE M,	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY A. LE BEL PSTD 03/28/2005