


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 310188**

1. Entity Name  
 MIAMI MOBILE HOUSES, INC.



Principal Place of Business  
 21330 W DIXIE HWY  
 N MIAMI BEACH, FL 33180

Mailing Address  
 21330 W DIXIE HWY  
 N MIAMI BEACH, FL 33180

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-1153818

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

KAYE, AL M  
 21330 W DIXIE HWY  
 N MIAMI BEACH, FL 33180

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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: AL KAYE 1/7/05

Signatures typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAYE, AL M
STREET ADDRESS	21330 W DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	TD
NAME	KAYE, ARLENE C
STREET ADDRESS	21330 W DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	SD
NAME	HAMMOND, SANDRA E
STREET ADDRESS	21330 W DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: AL KAYE 1/7/05 305-931-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date