

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 310188
 1. Entity Name
 MIAMI MOBILE HOUSES, INC.



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



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1153818 Not Applicable

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

6. Name and Address of Current Registered Agent
 KAYE, AL M
 21330 W DIXIE HWY
 N MIAMI BEACH, FL 33180

DO NOT WRITE IN THIS SPACE

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, if applicable, (NOT: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAYE, AL M 21330 W DIXIE HWY MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAYE, ARLENE C 21330 W DIXIE HWY MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMOND, SANDRA E 21330 W DIXIE HWY MIAMI, FL 33180
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 02/11/06-80038-015 150.00

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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: *Al M. Kaye* 1-27-06 305-931-0411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duration (Month/Day/Year)