

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 456028

1. Entity Name
MIAMI TAPE, INC.



Principal Place of Business
550 W 84TH ST
HIALEAH, FL 33014-3616 US

Mailing Address
550 W 84TH ST
HIALEAH, FL 33014-3616 US



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1552708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CARLOS
510 N.W. 32ND AVE.
MIAMI, FL

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000570297
07/14/06-80008-009 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, CARLOS 510 N.W. 32ND AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GONZALEZ, DARIO 1865 BRICKELL AVE APT 708 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAGE, ROBERTO 550 W 84TH ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORENO, JOSE A 17200 N.W. 86 AVENUE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGE, JOSE 550 WEST 84TH ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA, CARLOS 1820 SW 83RD AVE MIAMI, FL

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IN THIS SPACE**

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

CARLOS O. GARCIA

07/12/06 (305) 558-9211