


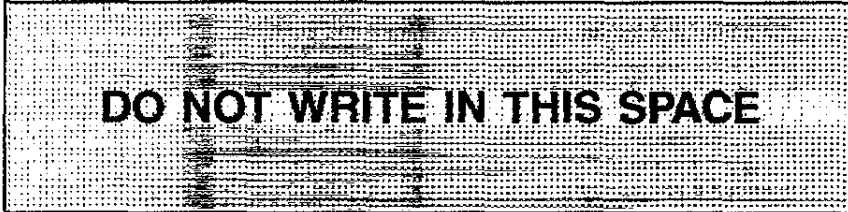
FILED

Jul 08, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 698772 1. Entity Name SOUTH MIAMI PROPERTIES, INC.	
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Principal Place of Business 18143 NW 66TH CT HIALEAH, FL 33015 US	Mailing Address PO BOX 171383 HIALEAH, FL 33017-1383 US
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06302006 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2214292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33327



6. 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.

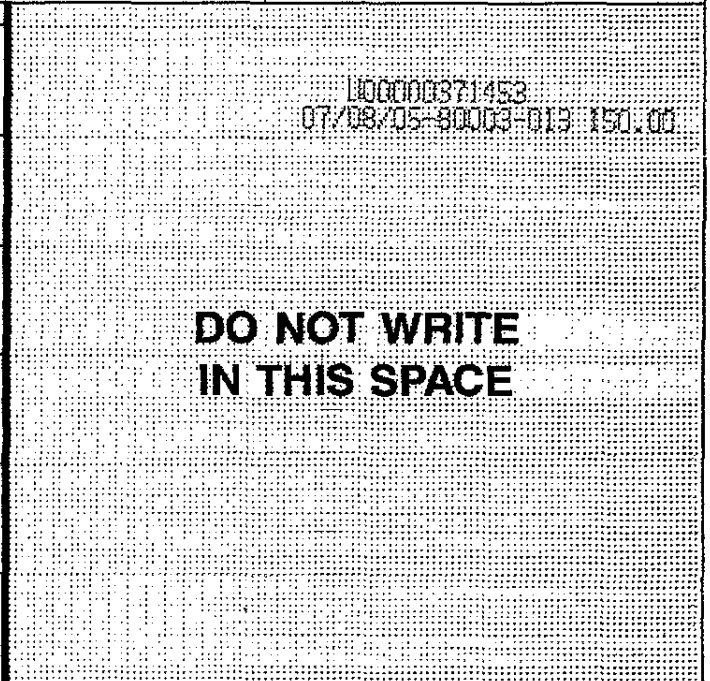
SIGNATURE _____
Signature, typed or printed name of registrant, agent and file if applicable. (NOTE: Registrant Agent signature receding when reinstating.) DATE _____

**FILE NOW!! FEE IS \$150.00
Due by September 7, 2005**

8. 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	PTD SEILER, SEYMOUR A. 1504 S E LANCEWOOD TERRACE PALM CITY, FL 34099
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SEILER, DOLORES J. 1504 SE LANCEWOOD TERRACE PALM CITY, FL 34089
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



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: Seymour A. Seiler Date: 7/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/11th Month/05