


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90092 038 ****61.25

DOCUMENT # 720048 1. Entity Name ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA (MIAMI), INC.					
Principal Place of Business 2925 SALZEDO ST # 1D CORAL GABLES, FL 33134			Mailing Address 2925 SALZEDO ST # 1D CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7182245	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERRER, ELISEO J. 2925 SALZEDO ST #1D CORAL GABLES, FL 33134					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREJO, DELIO <input checked="" type="checkbox"/> Delete 5240 SW 89 PLACE MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA GUARDIA, RUDY <input type="checkbox"/> Delete 10 NW LEJEUNE RD STE 620 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMAS, MARTA <input checked="" type="checkbox"/> Delete 1642 S.W. 138 COURT MIAMI, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FELICE, HORACIO <input checked="" type="checkbox"/> Delete 14341 SW 98 TERR MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, BISMARCK <input checked="" type="checkbox"/> Delete 8940 SW 105 STREET MIAMI, FL 33176				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Javier Diaz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6405 NW 36 Street #100 Miami Springs, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMAS, MARTA - Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1642 SW 138 Ct. Miami, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 3-6-06 Daytime Phone #: 305-443-4217					