


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 720048</b>							
1. Entity Name <b>ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA (MIAMI), INC.</b>							
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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>23-7182245</b> <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>FERRER, ELISEO J.</b> 2925 SALZEDO ST #1D CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				
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							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TREJO, DELIO		NAME	JAVIER DIAZ			
STREET ADDRESS	5240 SW 89 PLACE		STREET ADDRESS	6405 NW 36 STREET #100			
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	MIAMI SPRING, FL 33166			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE LA GUARDIA, RUDY		NAME				
STREET ADDRESS	10 NW LEJEUNE RD STE 620		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	ARMAS, MARTA - Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARMAS, MARTA		NAME	1642 SW 138 CT.			
STREET ADDRESS	1642 S.W. 138 COURT		STREET ADDRESS	MIAMI, FL 33175			
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE FELICE, HORACIO		NAME				
STREET ADDRESS	14341 SW 98 TERR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, BISMARCK		NAME				
STREET ADDRESS	8940 SW 105 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: _____		3-6-06 305-443-4217		Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							