


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
05 APR 29 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000000236</b>					
1. Entity Name <b>MIAMIMEX, LTD.</b>					
Principal Place of Business <b>201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134</b>			Mailing Address <b>201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134</b>		
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>20-2356465</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARVESU, MANUEL M ESQ 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$50,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000132625		STREET ADDRESS		
NAME	MIAMIMEX, INC.		CITY-ST-ZIP		
STREET ADDRESS	201 ALHAMBRA CIR, STE 502				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS	600055585356	
NAME			CITY-ST-ZIP	06/01/05--01060--018 **438.75	
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CITY-ST-ZIP					
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Manuel M Arvesu</u> BY ITS GENERAL PARTNER MIAMIMEX, INC 3/22/05 786-487-3656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE