

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

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

DOCUMENT # A04000000236				
1. Entity Name MIAMIMEX, LTD.				
Principal Place of Business 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIR, STE 502 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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
ARVESU, MANUEL M ESQ 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134				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. \$50,000.00		10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.				
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	STREET ADDRESS	600055585356	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	06/01/05--01060--018 **438.75	
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STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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</small> <u>Manuel M Arvesu</u> <small>Date</small> <u>3/22/05</u> <small>Daytime Phone #</small> <u>786-487-3656</u>				

STAPLE CHECK HERE

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