

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

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 037 ****61.25

DOCUMENT # N01000007083

1. Entity Name
MIAMI LIFESTYLES INC.



Principal Place of Business
**3901A N.W. 77TH AVENUE
MIAMI, FL 33166**

Mailing Address
**3901A N.W. 77TH AVENUE
MIAMI, FL 33166**

40099664



DO NOT WRITE IN THIS SPACE

07122006 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-0011180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONTELLO, LOUIS R
777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTELLA, ROGER 3901 A NW 77TH AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, ROBERT 3901 A. N.W. 77TH AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSEFINA 3901 A. N.W. 77TH AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13, 2006

(954) 609-6085

Date

Daytime Phone #

ATTACHMENT
MIAMI LIFESTYLES INC.

40099664

3901 N. W. 77th AVENUE
MIAMI, FLORIDA 33166

Telephone: (954) 609-6085

July 13, 2006

VIA FEDEX

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Miami Lifestyles Inc., Document No. N01000007083 (the "Company")

Ladies and Gentlemen:

It appears that the Company's 2006 annual report was lost in the mail. Please accept the enclosed annual report and the enclosed check for \$61.25 as timely filed. If you have any questions, please call me.

Sincerely,

MIAMI LIFESTYLES INC.

By: _____


Randy Dorfman,
Manager

Enclosures