FILED Jan 11, 2007 08:00 AM Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE.

DOCUMENT # N51318

TAIWAN TRADE CENTER MIAMI, INC.



Principal Place of Business

5301 BLUE LAGOON DRIVE SUITE 150 MIAMI, FL 33126

Mailing Address

5301 BLUE LAGOON DRIVE SUITE 150

MIAMI, FL 33126

01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0368806

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS JR, JOSE A ESQ **ROJAS SANTOS STOKES & GARCIA LLP** 800 DOUGLAS ROAD, SUITE 105 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the putions of registered agent.	rpose of changing its registere	d office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if a	pplicable (NOTE: Registered	Apent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	ORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HSU, C.J. 7FL. 333 KEELUNG RD. SEC. 1 TAIPEI TAIWAN, TW 110				000000582878 01/11/07-80049-019 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAN, PEI-FEI 5301 BLUE LAGOON DRIVE., STE 150 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAO, YUEN-CHUAN 7FL. 333 KEELUNG RD. SEC. 1 TAIPEI TAIWAN, TW 110		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME REET ADDRESS CITY: ST-ZIP					
12. I hereby	certify that the information supplied with this filing	ng does not qualify for the exe	motions cor	ntained 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 if 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