

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90507 035 ***150.00

DOCUMENT # P00000028398 1. Entity Name MIAMI WORLDWIDE PARTNERS, INC.					
Principal Place of Business 5255 NW 112TH AVENUE, SUITE #3 MIAMI, FL 33178			Mailing Address 5255 NW 112TH AVENUE, SUITE #3 MIAMI, FL 33178		
2. Principal Place of Business 15 Star Island Drive		3. Mailing Address P.O. Box 398898			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0992782	
Zip 33139		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GAMBOO, ELBA 11320 SW 145TH AVENUE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name EIBA CAMBOA Street Address (P.O. Box Number is Not Acceptable) 15 Star Island Drive City MIAMI FL Zip Code 33139		
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSORIO, CLAUDIO 15 WEST STAR ISLAND MIAMI BEACH, FL 33129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 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 607, 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: CLAUDIO OSORIO 4/26/05 305 678 9595 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					