2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91025 025 ***150.00

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02252004 Chg-P CR2E034 (10/03)

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1. Entity Name
FLORIDA MANAGEMENT OF MIAMI CORP.

Principal Place of Business	Mailing Address
10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016	10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016

2. Principal Place of Business	3. Mailing Address
3000 CORAL WAY	P.O. BOX 112403
Suite, Apt. #, etc.: 413	Suite, Apt. #, etc.:
City & State: MIAMI FL.	City & State: HIALEAH FL.
Zip: 33145 Country: USA.	Zip: 33011 Country: USA.

4. FEI Number: 65-1008727 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional — Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTOS, AIDA R IDA 10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016	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: President Aida R. Santos. 4/29/04.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name/address changed) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ☐ Delete SANTOS, AIDA R 10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Change ☐ Addition SANTOS, AIDA R. 3000 CORAL WAY #413 MIAMI FL. 33145.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 4/29/04 (305) 821-8705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #