

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90095 021 ***150.00

DOCUMENT # P00000085673					
1. Entity Name MIAMI INTERNATIONAL TENNIS ACADEMY, INC.					
Principal Place of Business 11201 SW 24 ST MIAMI, FL 33165			Mailing Address 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address 299 Alhambra Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 403			
City & State		City & State Coral Gables, Florida			
Zip		Zip			
Country		Country		03122004 Chg-P CR2E034 (10/03)	
33134		USA		4. FEI Number 65-1039273	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
RODRIGUEZ, JORGE E 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134					
7. Name and Address of New Registered Agent					
Name: Jorge E. Rodriguez					
Street Address (P.O. Box Number is Not Acceptable): 299 Alhambra Circle, Suite 403					
City: Coral Gables FL Zip Code: 33134					
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: <i>Jorge E. Rodriguez</i> DATE: 4/15/04					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! -FEE IS \$150.00 After May 1, 2004 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	PST RODRIGUEZ, JORGE E 395 ALHAMBRA CIRCLE, #301 CORAL GABLES, FL 33134	<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	VP RODRIGUEZ, ESTELA 395 ALHAMBRA CIRCLE #301 MIAMI, FL 33134	<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	D RODRIGUEZ, JORGE E 395 ALHAMBRA CIR #301 CORAL GABLES, FL 33134	<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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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	
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 or without other like empowered.					
SIGNATURE: <i>Jorge E. Rodriguez</i> DATE: 4/15/04 (305) 444-0032					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					