

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90105 020 \*\*\*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  
**299 ALHAMBRA CIRCLE, STE 403  
CORAL GABLES, FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-1039273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JORGE E  
299 ALHAMBRA CIRCLE, STE 403  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **RODRIGUEZ, JORGE E**  
STREET ADDRESS **395 ALHAMBRA CIRCLE, #301**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VP** ☒ Delete  
NAME **RODRIGUEZ, ESTELA**  
STREET ADDRESS **395 ALHAMBRA CIRCLE #301**  
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **D** ☒ Delete  
NAME **RODRIGUEZ, JORGE E**  
STREET ADDRESS **395 ALHAMBRA CIR #301**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST DUP** ☒ Change ☐ Addition  
NAME **Rodriguez, Jorge E**  
STREET ADDRESS **299 Alhambra Circle, #403**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jorge E. Rodriguez* 4/28/06 (305) 494-0446