

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107431

FILED
Apr 29, 2005
Secretary of State

Entity Name: MIAMI FINANCIAL NETWORK CORPORATION

Current Principal Place of Business:

11402 NW 41 ST.
#221
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

11402 NW 41 ST.
#221
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-1056543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA FONTANT, JEAN PAUL
1103NW 195 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LAFONTANT, CLAUDE
Address: 19701 EAST COUNTRY CLUB DRIVE, UNIT 5-607
City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete
Name: BARRERA, JUAN CARLOS
Address: 10440 SW 156TH COURT
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: LAFONTANT, JEAN P
Address: 1103 NW 195 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BARRERA, JUAN CARLOS
Address: 6334 SW 165 AVE
City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE LAFONTANT

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date