


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000115906 1. Entity Name MIAMI PARKWORLD CORPORATION	
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Principal Place of Business 6555 NW 36TH STREET SUITE 201G MIAMI, FL 33166	Mailing Address 6555 NW 36TH STREET SUITE 201G MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1068550	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ.
444 BRICKELL AVENUE, STE.300
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TELLEZ LOZANO, LIBARDO 6555 NW 36 ST., SUITE 201 G MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VILLARRAGA DE TELLEZ, AMALIA 6555 NW 36 ST., SUITE 201 G MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TELLEZ VILLARRAGA, LIBARDO E 6555 NW 36 ST., SUITE 201 G MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TELLEZ VILLARRAGA, CLAUDIA M 6555 NW 36 ST., SUITE 201 G MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/01/05-80047-004 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LIBARDO TELLEZ 01/28/05 (305) 4921720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/mo Phone #