


**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P00000115906**  
 1. Entity Name  
**MIAMI PARKWORLD CORPORATION**



Principal Place of Business <b>6555 NW 36TH STREET        SUITE 201G        MIAMI, FL 33166</b>	Mailing Address <b>6555 NW 36TH STREET        SUITE 201G        MIAMI, FL 33166</b>
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02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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

1100000427667  
 02/21/06-80017-016 158.75

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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: 

02/07/2006 (305) 4921770