


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000005893 1. Entity Name MIAMI ALLIANCE, INC.	
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Principal Place of Business 4141 NORTH MIAMI AVENUE, SUITE 210 MIAMI, FL 33127	Mailing Address 4141 NORTH MIAMI AVENUE, SUITE 210 MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1075483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRAVO, ROBERTO G 4141 NORTH MIAMI AVENUE, SUITE 210 MIAMI, FL 33127

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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 retaxing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAVO, ROBERTO G 2235 ARCH CREEK DRIVE NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/10/04-80010-017 150.00

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: _____ **5/5/2004 (305) 573-4442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #