


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000011152

1. Entity Name
MIAMI 58 CORPORATION



Principal Place of Business: C/O G. FRANK QUESADA, ESQ.
1313 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134

Mailing Address: C/O G. FRANK QUESADA, ESQ.
1313 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1078492 Applied For Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

QUESADA, G. FRANK ESQ.
1313 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134

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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 _____ 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, 2006 Fee will be \$550.00

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

1100000482099
04/11/06-80060-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JEULLE, TERESA
STREET ADDRESS	1313 PONCE DE LEON BLVD STE 200
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	JEULLE, SUSAN
STREET ADDRESS	1313 PONCE DE LEON BLVD STE 200
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	TD
NAME	JEULLE, JOSE A
STREET ADDRESS	1313 PONCE DE LEON BLVD STE 200
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Juelle s/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #