



2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 06, 2007 08:00 A
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
--	--



	
01102007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 65-1076492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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



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 _____ (NOTE: Registered Agent signature required when reinstating)

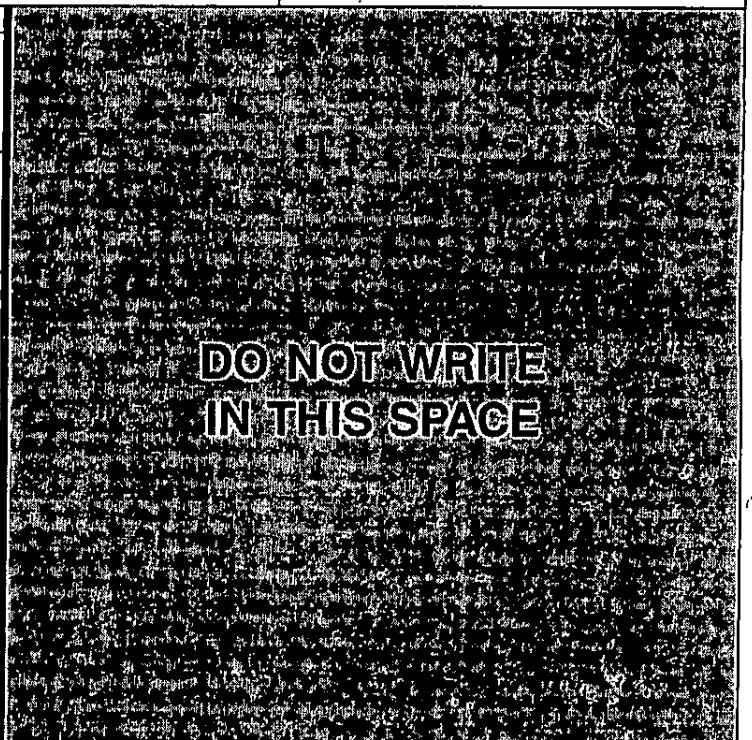
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000857256
03/14/07-80061-015 150.00

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



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:  3/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #