

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 014 ***150.00

DOCUMENT # P01000026304	
1. Entity Name ACTION & PROMOTION OF MIAMI, CORP	

DO NOT WRITE IN THIS SPACE

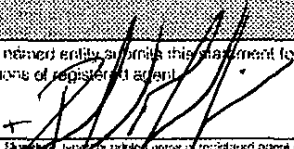
2. Principal Place of Business 13735 SW 18 TERRACE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33145	Country DADE	Zip	Country

50065587

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 94-3391542		Applied For Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name SIMOES, DENISE M		
Street Address (P.O. Box Number is Not Acceptable) 10753 NW 85 TERRACE			
City MIAMI			State FL
			Zip Code 33178

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.

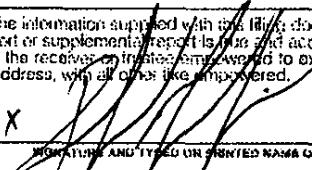
SIGNATURE:  DATE: _____

Signature of business entity owner or registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.28 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ Trust Fund Contribution. \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD. SIMOES, DENISE M 10753 NW 85 TERRACE MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMOES, ROBERTO M 10753 NW 85 TERRACE MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034B (12/02)

ATTACHMENT

500655-82
P0100062638

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

Please be advise that we moved to 13735 SW 18 TERRACE -MIAMI, FL 33175 and we did not receive the U.B.R. for 2004 or any other notice from the Division of Corporations in respect with the Corporation **ACTION & PROMOTION OF MIAMI, CORP.**

Thank you for your courtesy in this matter.



ROBERTO SIMOES
AGENT REGISTERED