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

09-08-2005 90068 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026304

1. Entity Name
ACTION & PROMOTION OF MIAMI, CORP

DO NOT WRITE IN THIS SPACE

50065587

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13735 SW 18 TERRACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33175 Country: DADE	Zip Country

4. FEI Number: 94-3391542 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 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: X

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: SIMOES, DENISE M STREET ADDRESS: 10753 NW 85TERRACE CITY-ST-ZIP: MIAMI FL 33178	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPD NAME: SIMOES, ROBERTO M STREET ADDRESS: 10758 NW 85TERRACE CITY-ST-ZIP: MIAMI, FL 33178	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: X

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

ATTACHMENT
500655-82
P01000026384

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