
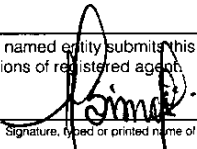
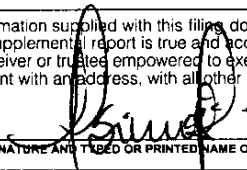


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90039 042 ***150.00

DOCUMENT # P01000026304 1. Entity Name ACTION & PROMOTION OF MIAMI, CORP.					
Principal Place of Business 13735 SW 18 TERRACE MIAMI, FL 33175			Mailing Address 8350 N.W. 70TH ST. MIAMI, FL 33166 WE LOVED		
2. Principal Place of Business 7570 N.W. 14th St.		3. Mailing Address 10753 N.W. 85 TERR			
Suite, Apt. #, etc. Suite # 112		Suite, Apt. #, etc. UNIT # 06			
City & State MIAMI - FL		City & State MIAMI - FL			
Zip 33126		Country USA		Zip 33178	
Country USA		Country U.S.A.			
6. Name and Address of Current Registered Agent SIMOES, DENISE M 10753 NW 85 TERRACE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 08/01/06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMOES, DENISE MARTINS 10753 NW 85 TERRACE MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMOES, ROBERTO MARINO 10753 NW TERRACE MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
DENISE M. SIMOES			08/01/06		
Date			Daytime Phone # 305 481 0730		

August 1, 2006

ATTACHMENT

40101309

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

SUBJECT: ACTION & PROMOTION OF MIAMI, CORP.
Ref. Number: P01000026304

Dear Sirs

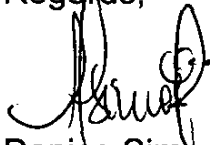
According to the phone call I made two days ago, I would like to inform you that I was absent from work for about four months because I was pregnant and delivered my baby on 03/17/2006.

Because I had several personal problems I could not return any earlier.

I want to ask you to please accept my payment and waive the late fee.

If you have further questions, feel free to contact me at any time at (305) 481 0730.

Regards,



Denise Simoes
ACTION & PROMOTION OF MIAMI CORP.
President