

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036039

Entity Name: MIAMI WEB GROUP, INC.

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

7220 NW 36 STREET
SUITE 308-C
MIAMI, FL 33166

New Principal Place of Business:

7220 NW 36 STREET
SUITE 500
MIAMI, FL 33166

Current Mailing Address:

4290 S.W. 11TH STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 32-0009972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELICIANO, WILLIAM
4290 S.W. 11TH STREET
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELICIANO, WILLIAM
Address: 4290 S.W. 11TH STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: FELICIANO, ESTELA M
Address: 4290 S.W. 11TH STREET
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FELICIANO

MR

05/04/2006

Electronic Signature of Signing Officer or Director

_____ Date