

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90055 038 \*\*\*150.00

**DOCUMENT # P02000060038**

1. Entity Name  
TALENT MIAMI AGENCY CORP.



Principal Place of Business  
1950 BRICKELL AVE STE 109  
MIAMI, FL 33129

Mailing Address  
1950 BRICKELL AVE STE 109  
MIAMI, FL 33129

400 1330

2. Principal Place of Business - No P.O. Box #  
**1950 BRICKELL AVE**  
Suite, Apt. #, etc.  
**SUITE 105**

3. Mailing Address  
**1950 BRICKELL AVE**  
Suite, Apt. #, etc.  
**SUITE 105**

04132007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI FL**  
Zip  
**33129** Country

City & State  
**MIAMI FL**  
Zip  
**33129** Country

4. FEI Number  
**01-0711324** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DOPAZO, GUSTAVO A  
1950 BRICKELL AVE STE 109  
MIAMI, FL 33129

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1950 BRICKELL AVE**  
**SUITE 105**  
City  
**MIAMI** FL Zip Code  
**33129**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DOPAZO, GUSTAVO A  
1950 BRICKELL AVE STE 109  
MIAMI, FL 33129 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1950 BRICKELL AVE SUITE 105**  
**MIAMI FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GUSTAVO DOPAZO-PRES** 04/13/07 (305) 858-3994

Date

Daytime Phone #