2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071171

Entity Name: MIAMI IMPROV CORPORATION

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P. O. BOX MIAMI, FL	430668 331430668				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P. O. BOX MIAMI, FL	430668 331430668				
FEI Number	: 03-0471178	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
941 FOUR	ATE CREATION STREET ACH, FL 3313				
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Age	nt	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (PERDOMO, A P. O. BOX 430 MIAMI, FL 33	0668	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SUAREZ, DAV P. O. BOX 43 MIAMI, FL 33	D668	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BLACK, STEF P. O. BOX 430 MIAMI, FL 33	D668	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (JANER, CARL P. O. BOX 43 MIAMI, FL 33	D668	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (FORBES, SCO P. O. BOX 430 MIAMI, FL 33	D668	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEFANIE BLACK MS. 04/28/2005