

FILED

Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90003 002 ***150.00

FOR PROFIT CORPORATION
ANNUAL REPORT

2006

DOCUMENT # P02000085724

Entity Name

T. W. R. MIAMI, CORP



Principal Place of Business

Mailing Address

P.O. Box 173883
HIALEAH, FL, 33017

40094933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252004

Chg-P

CF2E034 (10/03)

City & State

City & State

4. FEI Number

33-1016692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

German D. Sauro

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 173883

City

HIALEAH,

FL

Zip Code

33017

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

06-01/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D. GERMAN D SAURO Delete
NAME
STREET ADDRESS P.O. BOX 173883
CITY-ST-ZIP HIALEAH, FL 33017

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP. LEOPOLDO ESPINOSA Delete
NAME
STREET ADDRESS P.O. BOX 173883
CITY-ST-ZIP HIALEAH, FL 33017

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

[Signature]

Signature typed or printed name of signing officer or director

DATE

06-01/06

Day/Even Phone #

ATTACHMENT

40094933

Weston, Fl June 3, 2006

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, Fl 32302-1500

REF. : T.W.R. MIAMI, CORP.
DOCUMENT # P02000085724

Dear Sir or Madam:

This letter is to inform you that I did not received the 2006 Uniform Business Report for T.W.R. MIAMI, CORP on time, document number P02000085724.

I have only now realized that I owe the 2005 fees, and respectfully request that T.W.R. MIAMI CORP be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,



GERMAN SAURO
President