2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114891

Entity Name: FAITH ENTERPRISES OF MIAMI, INC

FILED Feb 14, 2005 Secretary of State

Littly Name: FAITT ENTERFRISES OF MILAWII, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
17100 SW 93RD AVENUE MIAMI, FL 33157 US				3954 NW 182 LANE MIAMI, FL 33054 US		
Current Mailing Address:				New Mailing Address:		
17100 SW 93RD AVENUE MIAMI, FL 33157 US				3954 NW 182 LANE MIAMI, FL 33054 US		
FEI Number:	04-3721647	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GOOSBY, NIKKI D 17100 SW 93RD AVENUE MIAMI, FL 33157 US				GOOSBY, JAMES T 3954 NW 182 LANE MIAMI, FL 33054 US		
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: JAMES T. GOOSBY					02/14/2005	
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTSD () D GOOSBY, NIKKI I 17100 SW 93RD . MIAMI, FL 33157	D AVENUE	Title: Name: Address: City-St-Zip:	GOOSBY, JAM 3954 NW 182 I	ANE	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	MARTINEZ, TH 1313 ALEMED	A DRIVE	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	HIXON, SUSIE 1420 CARVER		
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	JONES, GERA 27150 SW 144	COURT	
Title: Name: Address: City-St-Zip:	()D	elete	Title: Name: Address: City-St-Zip:	SIMMONS, KEI 3956 NW 182 I	ANE	

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: JAMES T. GOOSBY PTD 02/14/2005