2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004964

Entity Name: MIAMI TUX, INC

FILED Apr 29, 2005 Secretary of State

analy Name: Will Avil 1874, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2319 NW 20TH ST. MIAMI, FL 33142				9487 SOUTH DIXIE HWY MIAMI, FL 33156			
Current Mailing Address:				New Mailing Address:			
2319 NW 20TH ST. MIAMI, FL 33142				9487 SOUTH DIXIE HWY MIAMI, FL 33156			
FEI Number:	74-3075857	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desire	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DESME, PERCY 2319 NW 20TH ST. MIAMI, FL 33142 US				NUSZ, JOHN W 9487 SOUTH DIXIE HWY MIAMI, FL 33156 US			
The above in the State		y submits this statement for the	e purpose o	f changing it	ts registered o	ffice or registered agent,	or both,
SIGNATURE: JOHN W NUSZ				04/29/2005			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D DESME, PEF 15400 SW 99 MIAMI, FL 33	9TH LANE		Title: Name: Address: City-St-Zip:	D (X) NUSZ, JOHN W 8914 SW 150 F MIAMI, FL 331	PL CIR	
Title: Name: Address: City-St-Zip:	D DESME, HUO 15894 KILMA MIAMI, FL 33	ARNOCK DR.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D DESME, JOF 13101 SW 88 MIAMI, FL 33	5TH ST.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DESME, CAF	I MIAMI AVE., APT. 144		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D NUSZ, REBE 18703 SW 93 MIAMI, FL 33	3RD CT.		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: JORGE L DESME D 04/29/2005