

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000014043 1. Entity Name MIAFERCHILL INTERNATIONAL, INC.					
Principal Place of Business 2269 NE 42 AVE. HOMESTEAD, FL 33033				Mailing Address 2269 NE 42 AVE. HOMESTEAD, FL 33033	
2. Principal Place of Business 10060 N.W. 9th Circle		3. Mailing Address 10060 N.W. 9th Circle			
Suite, Apt. #, etc. # 5		Suite, Apt. #, etc. # 5			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 56-2315588	
Zip 33172		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
Zip 33172		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOZA, VILMA A 10060 N.W. 9TH STREET CIRCLE #5 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Vilma Espinoza</i></u> 2/8/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESPINOZA, VILMA A 10060 N.W. 9TH STREET CIRCLE #5 MIAMI, FL 33172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ARGELIS LICONA 10060 N.W. 9th Circle #5 MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Vilma Espinoza</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/8/2006</u> <small>Date Daytime Phone #</small>		