

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000043906</b>	
1. Entity Name MIAMIWEBMASTERSHOSTING.COM, INC.	
Principal Place of Business 13261 SW 124 ST MIAMI, FL 33186	Mailing Address 13261 SW 124 ST MIAMI, FL 33186



01262005 No Chg-P GR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2100792	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  THOMAS, JAMES A 13261 SW 124 ST MIAMI, FL 33186	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, JAMES A 13261 SW 124 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KE, FRED 13261 SW 124 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAM, RAUL 13261 SW 124 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/05/05-80025-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Sam Raul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/5 305-932-7243  
Date Daytime Phone #