

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# P03000077425

Entity Name: MIAMI INTERNATIONAL ASSOCIATES, INC.

Current Principal Place of Business:

9001 NE 4 AVE
EL PORTAL, FL 33138

New Principal Place of Business:

Current Mailing Address:

1111 N. PARKER RD
GREENVILLE, SC 29609

New Mailing Address:

FEI Number: 06-1701470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OREZZOLI, MAX PH D
9001 NE 4 AVE
EL PORTAL, FL 33138 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OREZZOLI, MAX PH. D
Address: 9001 NE 4 AVE
City-St-Zip: EL PORTAL, FL 33138

Title: VP () Delete
Name: OREZZOLI, ADY
Address: 9001 NE 4 AVE
City-St-Zip: EL PORTAL, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SC () Change (X) Addition
Name: CRUZ, ARACELY
Address: 9001 NE 4 AVE
City-St-Zip: EL PORTAL, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAX OREZZOLI

DP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date