
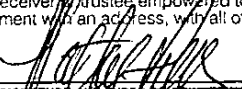


FILED
May 18, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # P03000089794						Secretary of State	
1. Entity Name M.I.M. TECH, INC.				05-18-2005 90029 029 ***150.00			
Principal Place of Business 4488 E 10TH CT HIALEAH, FL 33013				Mailing Address 4488 E 10TH CT HIALEAH, FL 33013			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SUAREZ, MARTIN 4488 E 10TH CT HIALEAH, FL 33013				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		PD		TITLE			
NAME		SUAREZ, MARTIN		NAME			
STREET ADDRESS		4488 E 10TH CT		STREET ADDRESS			
CITY-ST-ZIP		HIALEAH, FL 33013		CITY-ST-ZIP			
TITLE		VD		TITLE			
NAME		HORN, ISAAC		NAME			
STREET ADDRESS		4488 E 10TH CT		STREET ADDRESS			
CITY-ST-ZIP		HIALEAH, FL 33013		CITY-ST-ZIP			
TITLE		SD		TITLE			
NAME		RIVAS, MAURICIO A		NAME			
STREET ADDRESS		4488 E 10TH CT		STREET ADDRESS			
CITY-ST-ZIP		HIALEAH, FL 33013		CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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, 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: 				05/16/05 (305) 769-8933			
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			