


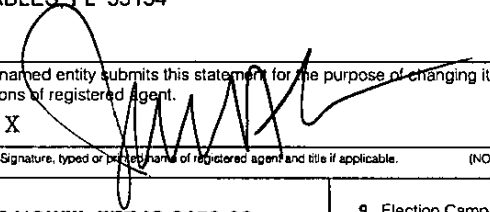

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90256 040 ***150.00

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DOCUMENT # P03000132625			
1. Entity Name MIAMIMEX, INC.			
Principal Place of Business 201 ALHAMBRA CIRCLE, STE. 502 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIRCLE, STE. 502 CORAL GABLES, FL 33134	
2. Principal Place of Business C/O J.A.F. 1428 Brickell Av.		3. Mailing Address C/O J.A.F. 1428 Brickell Av.	
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. Suite 206	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131		Country USA	
4. FEI Number APPLIED FOR 20-0768258		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ. 201 ALHAMBRA CIRCLE STE. 502 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Juan A. Figueróa Street Address (P.O. Box Number is Not Acceptable): 1428 Brickell Avenue, Ste 206 City: Miami FL Zip Code: 33131	
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:  X DATE: X 4-5-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD ASKENAZI, SIMON M 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Askenazi, Simon M. 1428 Brickell Avenue, Suite206 Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICCIOTTO, ESTRELLA H 201 ALHAMBRA CIRCLE, STE. 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Piccioto, Estrella H. 1428 Brickell Avenue, Suite 206 Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACAL, MIGUEL K 201 ALHAMBRA CIRCLE, STE. 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Saçal, Miguel K. 1428 Brickell Avenue, Suite 206 Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANONO, ELIAS H 201 ALHAMBRA CIRCLE, STE. 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hanono, Elias H. 1428 Brickell Avenue, Suite 206 Miami, FL 33131 <input type="checkbox"/> Change <input 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
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: X 		Date: X 4-8-05 x 786-4873626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	