


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000132625
1. Entity Name
MIAMIMEX, INC.



Principal Place of Business C/O J.A.F. 1428 BRICKELL AVE SUITE 206 MIAMI, FL 33131	Mailing Address C/O J.A.F. 1428 BRICKELL AVE SUITE 206 MIAMI, FL 33131
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0768258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
**FIGUEROA, JUAN A
1428 BRICKELL AVE
STE. 206
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000482963
04/11/06-80098-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASKENAZI, SIMON M 1428 BRICKELL AVE, STE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICCIOTTO, ESTRELLA H 1428 BRICKELL AVE, STE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACAL, MIGUEL K 1428 BRICKELL AVE, STE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANONO, ELIAS H 1428 BRICKELL AVE, STE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **X 3/1/06** **X 7864873654**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #