


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90009 006 ***150.00

| | |
|---|---|
| DOCUMENT # P04000015126 1. Entity Name MIAMI BULLS ENTERPRISES, CORP. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 10545 SW 62 ST MIAMI, FL 33173 | Mailing Address 10545 SW 62 ST MIAMI, FL 33173 |
|--|--|

20011495



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 41-2123743 | 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 DOMINGUEZ, LUCY 10545 SW 62 ST MIAMI, FL 33173 |
|--|

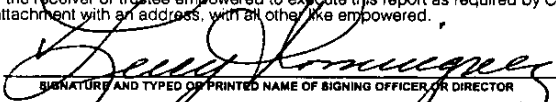
**DO NOT WRITE
IN THIS SPACE**

| |
|---|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DOMINGUEZ, LUCY 10545 SW 62 ST MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BUIGUES, ROBERTO A 10545 SW 62 ST MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 2/21/06 <small>Date</small> <small>Daytime Phone #</small> |