



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90004 016 ***150.00

DOCUMENT # P04000057185					
1. Entity Name MIAMI ON THE ROAD, INC.					
Principal Place of Business 145 SOUTH SHORE DRIVE SUITE 1 MIAMI BEACH, FL 33141 US			Mailing Address 145 SOUTH SHORE DRIVE SUITE 1 MIAMI BEACH, FL 33141 US		
2. Principal Place of Business 2051 NW 11th ST Suite, Apt. #, etc. 103 City & State Miami, FL Zip 33125 Country US		3. Mailing Address 2051 NW 11th ST Suite, Apt. #, etc. 103 City & State Miami, FL Zip 33125 Country US			
4. FEI Number 20-0963466				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEJEDA, ROGELIO 145 SOUTH SHORE DRIVE SUITE 1 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name <u>Rogelio Tejeda</u> Street Address (P.O. Box Number is Not Acceptable) 2051 NW 11th ST Ste 103 City <u>Miami</u> <u>FL</u> Zip Code <u>33125</u>		
8. The above named entity makes 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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/20/05</u>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P TEJEDA, ROGELIO 145 SOUTH SHORE DRIVE SUITE 1 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rogelio Tejeda 2051 NW 11th ST Ste Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEJEDA, ROGELIO 145 SOUTH SHORE DRIVE SUITE 1 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Andres J. Hernandez 20780 SW 244 ST Homestead, FL 33031	<input checked="" 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
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
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: <u>[Signature]</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Rogelio Tejeda P.</u>		
			Date <u>305-244-4169</u>		Daytime Phone #