2005 FOR PROFIT CORPORATION

ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sep 14, 2005 8:00 am Secretary of State 08-30-2005 90029 026 ***150.00 **DOCUMENT # P04000065186** MIAMI TOP VICE, INC. Principal Place of Business Mailing Address 66027337 7911 NW 20TH CT. 7911 NW 20TH CT. SUNRISE, FL 33322 SUNRISE, FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07262005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAX RESOURCE CENTER OF FLORIDA INC. Street Address (P.O. Box Number is Not Acceptable) 20401 NW 2ND AVE., STE. 103 MIAMI, FL 33169 The above named entity subinits 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. NOAH MOMEDINT SIGNATURE. **PNOTE:** Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete MIE ■ Addition NAME FREDERIC, CARMELO NAME STREET ACCORESS 7911 NW 20 CT. STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33322 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-29 CITY-ST-ZIP ITILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delcta TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIF Ocieta TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADORESS C/TY-ST-ZIP CHY-ST-ZIP MILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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

08-25-05 786-286-2036



August 25, 2005

Divisions of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: P04000065186

In accordance with S.607.193(2)(b), F.S., the corporation did not receive the prior notice for its Annual Report for year 2005. This letter is a request to waived the late filing fee for document No. P04000065186.

If you have any questions, please contact me at 786-286-2036. Thank you for your cooperation.

Sincerely,

Carmelo Frederic

Commbo V. Thudenz