2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086479

FILED Jan 22, 2005 Secretary of State

Entity Nar	me: THE MIA	MI-BROWARD CORPORATION	NC					
Current Principal Place of Business:				New Principal Place of Business:				
2333 BRICKELL AVE MEZZANINE STE MIAMI, FL 33129				4123 GULFSTREAM BAY CT ORLANDO, FL 32822				
Current Mailing Address:				New Mailing Address:				
2333 BRICKELL AVE MEZZANINE STE MIAMI, FL 33129				520 SE 5TH AVENUE #2209 FORT LAUDERDALE, FL 33301				
FEI Number:	: 20-1210471	FEI Number Applied For ()	FEI Numbe	r Not Appl	licable ()	Certificate of Status D	esired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
MALEK, FA 2333 BRIC MIAMI, FL	KELL AVE M	EZZANINE STE						
	named entity e of Florida.	submits this statement for the	purpose of ch	nanging i	ts registered	office or registered ag	ent, or both,	
SIGNATUR	RE:							
	Electro	nic Signature of Registered Ag	jent			Date		
Election Car	mpaign Financir	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP (MC DONALD, 4123 GULFST ORLANDO, FL	REAM BAY CT	Ad	le: me: dress: :y-St-Zip:	MCDONALD,	REAM BAY CT		

Title: () Delete Title: DST () Change (X) Addition TURINA, OLIVIER Name: Name:

Address: Address: 520 SE 5TH AVENUE, # 2209

City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip:

Title: () Change (X) Addition Title: () Delete

Name: Name: MCDONALD, JAMES M Address: Address: 4123 GULFSTREAM BAY CT ORLANDO, FL 32822 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TURINA O. DST 01/22/2005