


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90122 032 ***150.00

DOCUMENT # P04000128322		
1. Entity Name MIAMI BOAT PARADE, INC.		

Principal Place of Business 9130 SOUTH DADELAND BLVD. SUITE 1500 MIAMI, FL 33156	Mailing Address 9130 SOUTH DADELAND BLVD. SUITE 1500 MIAMI, FL 33156
--	--

50014793



2. Principal Place of Business 2550 S. Bayshore Drive #11	3. Mailing Address 2550 S. Bayshore Drive #11
---	---

03072006 Chg-P CR2E034 (11/05)

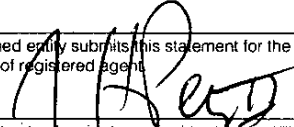
City & State Miami FL	City & State Miami FL
Zip 33133	Zip 33133
Country USA	Country USA

4. FEI Number 20-3565773	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 PERRY, JAMES H 9130 SOUTH DADELAND BLVD. SUITE 1500 MIAMI, FL 33156	
---	--

7. Name and Address of New Registered Agent	
Name James H. Perry	
Street Address (P.O. Box Number is Not Acceptable) 2550 S. Bayshore Drive #11	
City Miami	FL Zip Code 33133

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 	DATE 4-18-06

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 PS	<input type="checkbox"/> Delete
NAME PERRY, JAMES H	
STREET ADDRESS 9130 SOUTH DADELAND BLVD., SUITE 1500	
CITY-ST-ZIP MIAMI, FL 33156	
TITLE VT	<input type="checkbox"/> Delete
NAME ALBELO, ANTHONY	
STREET ADDRESS 9130 SOUTH DADELAND BLVD., SUITE 1500	
CITY-ST-ZIP MIAMI, FL 33156	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME James H. Perry	
STREET ADDRESS 2550 S. Bayshore Drive #11	
CITY-ST-ZIP Miami FL 33133	
TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Anthony Albelo	
STREET ADDRESS 2550 S. Bayshore Drive #11	
CITY-ST-ZIP Miami FL 33133	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
---	--	------	-----------------