


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90160 035 \*\*\*150.00

<b>DOCUMENT # P05000047394</b> 1. Entity Name <b>MIAMI TAN, INC.</b>					
Principal Place of Business <b>16125 BISCAYNE BLVD N MIAMI, FL 33161</b>			Mailing Address <b>16125 BISCAYNE BLVD N MIAMI, FL 33161</b>		
2. Principal Place of Business <b>8673 Stirling Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>8673 Stirling Rd.</b> Suite, Apt. #, etc.			
City & State <b>Cooper City, FL</b> Zip <b>33328</b>		City & State <b>Cooper City, FL</b> Zip <b>33328</b>		4. FEI Number <b>20-2665037</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAYS, JACK D</b> <b>16125 BISCAYNE BLVD</b> <b>N MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>407 Poinciana Island Dr.</b> City <b>Sunny Isles, FL</b> Zip Code <b>33160</b>		
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 <u><i>Jack D. Hays</i></u> <b>Jack D. Hays Pres.</b> <span style="float: right;">4/24/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME HAYS, JACK D STREET ADDRESS 16125 BISCAYNE BLVD CITY-ST-ZIP N MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE Pres NAME Jack D. Hays STREET ADDRESS 407 Poinciana Island Dr. CITY-ST-ZIP Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP NAME Heidi R. Hays STREET ADDRESS 407 Poinciana Island Dr. CITY-ST-ZIP Sunny Isles, FL 33160	<input type="checkbox"/> Change <input checked="" 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 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: <u><i>Jack D. Hays</i></u> <b>Jack D. Hays</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/06 786-853-5674 <small>Date Daytime Phone #</small>		

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