


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-05-2006 90141 009 ***150.00

DOCUMENT # P05000059920					
1. Entity Name MISS MIAMI TROPIC SCHOLARSHIP BEAUTY PAGEANT CORP.					
Principal Place of Business 10985 SW 107 STREET SUITE 218 MIAMI, FL 33176 US			Mailing Address P. O. BOX 160414 MIAMI, FL 33116 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04012006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2936834				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			7. Name and Address of New Registered Agent		
MARTINEZ, BERARDO 10985 SW 107 STREET SUITE 218 MIAMI, FL 33176			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MARTINEZ, BERARDO STREET ADDRESS 10985 SW 107 STREET SUITE 218 CITY - ST - ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RAMIREZ-MARTINEZ, ROSARIO STREET ADDRESS 10985 SW 107 STREET SUITE 218 CITY - ST - ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MARTINEZ, BERARDO F STREET ADDRESS 1550 SW 104 PATH APT-207 CITY - ST - ZIP MIAMI, FL 33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SARDO, DESIREE A STREET ADDRESS 10985 SW 107 STREET SUITE 218 CITY - ST - ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Berardo Martinez</i> BERARDO MARTINEZ. 4/18/2006 412-8034 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

66011014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2006

MISS MIAMI TROPIC SCHOLARSHIP BEAUTY PAGEANT CORP.
P. O. BOX 160414
MIAMI, FL 33116 US

Subject: MISS MIAMI TROPIC SCHOLARSHIP BEAUTY PAGEANT CORP.

Reference Number: P05000059920

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

20-293684

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION

4/18/2006
Enclosed corrected FEI
number on corporation
annual report for 2006
Respectfully,
[Signature]

P.O. BOX 6327 - Tallahassee, Florida 32314

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/5/2006-90141-009-\$150.00-\$150.00

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City & State		City & State		4. FEJ Number P05000059920	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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SIGNATURE <u><i>Berardo Martinez</i></u> 4/4/06 305-412-8034 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					