


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000059920 1. Entity Name MISS MIAMI TROPIC SCHOLARSHIP BEAUTY PAGEANT CORP.	
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Principal Place of Business 10985 SW 107 STREET SUITE 218 MIAMI, FL 33176 US	Mailing Address P. O. BOX 160414 MIAMI, FL 33116 US
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03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2936834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, BERARDO
10985 SW 107 STREET
SUITE 218
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, BERARDO 10985 SW 107 STREET SUITE 218 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAMIREZ-MARTINEZ, ROSARIO 10985 SW 107 STREET SUITE 218 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTINEZ, BERARDO F 1550 SW 104 PATH APT-207 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SARDO, DESIREE A 10985 SW 107 STREET SUITE 218 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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03/22/07-800008-013 150.00

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 an other like empowered.

SIGNATURE:  **BERARDO MARTINEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR