2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Secretary of State DOCUMENT # P05000087864 04-24-2006 90449 025 ***150.00 1. Entity Name DIRECTIONS MIAMI, INC. Principal Place of Business Mailing Address 901 NE 125TH ST., STE. 101 901 NE 125TH ST., STE. 101 NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 56-2 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH PATERNOSTRO ACCOUNTING SERVICES, INC. 901 NE 125TH ST., STE. 101 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI, FL 33161 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE Сhange ☐ Addition TAYLOR, WAYNE E. NAME NAME 10151 NE 14TH AVE. STREET ADDRESS STREET ADDRESS MIAMI SHORES, FL 33138 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition LOPEZ, JORGE NAME NAME 10151 NE 14TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

all other like empowered

lorgae

SIGNING OFFICER OR DIRECTOR

FILED

Apr 24, 2006 8:00 am

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