

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90017 046 ***150.00

DOCUMENT # P05000092273

1. Entity Name
BUSINESS FINANCE OF MIAMI INC



Principal Place of Business
**900 W 49TH ST STE 310
HIALEAH, FL 33012**

Mailing Address
**900 W 49TH ST STE 310
HIALEAH, FL 33012**

50007605



2. Principal Place of Business
**900 W 49th Street
Suite 315**

3. Mailing Address
**900 W 49th Street
Suite 315**

03222006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.
Suite 315

Suite, Apt. #, etc.
Suite 315

4. FEI Number
20-3071867

Applied For
Not Applicable

City & State
Hialeah, FL 33012

City & State
Hialeah, FL 33012

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
33012

Country
USA

Zip
33012

Country
USA

6. Name and Address of Current Registered Agent

**MARTINEZ, AUGUSTO E
900 W 49TH ST STE 310
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name **Martinez, Augusto E.**

Street Address (P.O. Box Number is Not Acceptable)
900 W 49th Street

Suite 315

City **Hialeah**

FL

Zip Code
33012

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARTINEZ, AUGUSTO E**
STREET ADDRESS **900 W 49TH ST STE 310**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Martinez, Augusto E**
STREET ADDRESS **900 W 49th Street, Suite 315**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☐ Change ☐ Addition
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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 #