


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90027 016 \*\*\*158.75

<b>DOCUMENT # P05000109411</b> 1. Entity Name <b>MIAMI INVESTMENT OFFICE, M.I.O. INC.</b>					
Principal Place of Business <b>110 1ST SAN MARINO TERRACE MIAMI BEACH, FL 33139</b>			Mailing Address <b>110 1ST SAN MARINO TERRACE MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>115 3rd SAN MARINO TERRACE</b>		3. Mailing Address <b>115 3rd SAN MARINO TERRACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI BEACH, FLORIDA</b>		City & State <b>MIAMI BEACH, FLORIDA</b>		4. FEI Number <b>65-127 7763</b>	
Zip <b>33139</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33139</b>		Country <b>MIAMI-DADE</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>SANJUANBENITO, JOSE J 110 1ST SAN MARINO TERRACE MIAMI BEACH, FL 33139</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>SANJUANBENITO, JOSE JAVIER</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 3rd SAN MARINO TERRACE</b> City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33139</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 <b>JOSE JAVIER SANJUANBENITO</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>05/04/2006</b>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANJUANBENITO, JAVIER J</b> <input checked="" type="checkbox"/> Delete <b>110 1ST SAN MARINO TERRACE</b> <b>MIAMI BEACH, FL 33139</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANJUANBENITO, JOSE JAVIER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>115 3rd SAN MARINO TERRACE</b> <b>MIAMI BEACH, FL 33139</b>	
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	
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.					
<b>SIGNATURE: <i>Jose Javier Sanjuanbenito</i> JOSE JAVIER SANJUANBENITO 5/04/06 (305) 300-2577</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40091635

May 15, 2006

Florida Department of State  
Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Subject: MIAMI INVESTMENT OFFICE, M.I.O. INC.

Document No. P05000109411

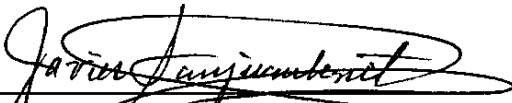
~~Dear Sir or Madam:~~

We want to inform you that we did not receive The 2006 Uniform Business Report on time. After two months of having called, we still have received the form. We just realized that it could be downloaded from the internet which we did not have access previously.

Due to the above-mentioned inconvenience, we did not send the payment before, until now. We are soliciting you to please waive the assigned late fees. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at (305) 300-2577 We will be waiting for your prompt and positive response.

Cordially,

  
Jose Javier Sanjuanbenito  
President