

2008

FOR PROFIT CORPORATION  
ANNUAL REPORT

PAGE 10/12

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR -3 AM 11:50

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------|--|
| DOCUMENT # <b>P05000141051</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |         |  |
| 1. Entity Name<br><b>Capital Miami Corp.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                          |  |
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | Mailing Address                                                                          |  |
| 2. Principal Place of Business<br><b>11930 SW 93 terr</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | 3. Mailing Address<br><b>11930 SW 93 terr</b><br>Suite, Apt. #, etc.                     |  |
| City & State<br><b>Miami FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | City & State<br><b>Miami, FL</b>                                                         |  |
| Zip<br><b>33186</b> Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | Zip<br><b>33186</b> Country<br><b>US</b>                                                 |  |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 01172006 Chg-P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | CR2E034 (11/05)                                                                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | 7. Name and Address of New Registered Agent                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | Name <b>Diego G. Calderon</b>                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | Street Address (P.O. Box Number is Not Acceptable)<br><b>11930 SW 93 terr</b>            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | City <b>Miami</b> FL Zip Code <b>33186</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>Diego Calderon</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | DATE                                                                                     |  |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | (NOTE: Registered Agent signature required when reinstating)                             |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | \$5.00 May Be Added to Fees                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>PSD</b>                | <input type="checkbox"/> Delete                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Calderon, Diego G.</b> |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>11930 SW 93 terr</b>   |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Miami, FL 33186</b>    |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Delete                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Delete                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Delete                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Delete                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                          |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 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: <b>Diego Calderon</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Date                                                                                     |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | Daytime Phone #                                                                          |  |

B 3/5/08  
REINSTATEMENT 07-08

*mgv*

CAPITAL MIAMI, CORP  
11930 SW 93 TERR  
MIAMI, FL 33186

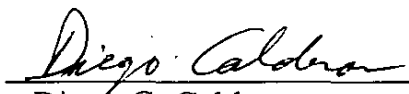
February 25, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice Reminding me of the Uniform Business Report of my company Capital Miami, Corp. With Document # P05000141051. Along with this Business Report for the years of 2006-2007-2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,

  
Diego G. Calderon