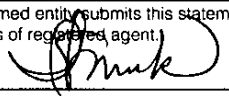
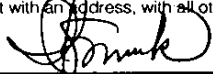


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000164889</b> 1. Entity Name <b>RIGHT ENTERPRISES OF MIAMI BEACH, INC.</b>						06 NOV -3 PM 2:37	
Principal Place of Business <b>2775 WEST 52ND STREET #302 HIALEAH, FL 33016 US</b>				Mailing Address <b>2775 WEST 52ND STREET #302 HIALEAH, FL 33016 US</b>			
2. Principal Place of Business <b>1455 N. TREASURE DR.</b>		3. Mailing Address <b>1455 N. TREASURE DR.</b>					
Suite, Apt. #, etc. <b>#2 A</b>		Suite, Apt. #, etc. <b>#2 A</b>					
City & State <b>No. Bay Village, FL.</b>		City & State <b>No. Bay Village, FL.</b>					
Zip <b>33141</b>		Country <b>US</b>		Zip <b>33141</b>		Country <b>US</b>	
4. FEI Number <b>20-3980335</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, EUSEBIO 2775 WEST 52ND STREET #302 HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>IBARZABAL, FRANK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1455 N. TREASURE DRIVE #2 A</b> City <b>No. Bay Village</b> <b>FL</b> Zip Code <b>33141</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>FRANK IBARZABAL</b>		<b>10/26/06</b>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>HERNANDEZ, EUSEBIO</b> <input checked="" type="checkbox"/> Delete <b>2775 W. 52ND STREET, #302</b> <b>HIALEAH, FL 33016</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>IBARZABAL, FRANK</b> <b>1455 N. TREASURE DRIVE, #2A</b> <b>No. Bay Village, FL. 33141</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 <b>70008150412?</b> <b>11/03/06--01044--007 **70.00</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		
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>FRANK IBARZABAL</b>		<b>10/26/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Day/Time Phone # <b>(305) 718-3515</b>	