

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029517

Entity Name: WHOLESALE MIAMI INC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

215 CALABRIA AVE APT. 1
CORAL GABLES, FL 33134

New Principal Place of Business:

4460 NW 107 AVENUE
303
DORAL, FL 33178

Current Mailing Address:

215 CALABRIA AVE APT. 1
CORAL GABLES, FL 33134

New Mailing Address:

4460 NW 107 AVENUE
303
DORAL, FL 33178

FEI Number: 39-2051124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEX, MARTIN C
215 CALABRIA AVE APT. 1
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CEVALLOS GUEX, MARTIN N PD
4460 NW 107 AVENUE
303
DORAL, FL 33178 US

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.

SIGNATURE: MARTIN CEVALLOS GUEX

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUEX, MARTIN C
Address: 215 CALABRIA AVE APT. 1
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CEVALLOS GUEX, MARTIN N PD
Address: 4460 NW 107 AVENUE #303
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN CEVALLOS GUEX

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date