2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052436

Entity Name: AMERICANA DE SERVICIOS OF MIAMI, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10550 S.W. 8TH ST MIAMI, FL 33174				701 NW 62ND AVE SUITE 710 MIAMI, FL 33126			
Current Mailing Address:				New Mailing Address:			
10550 S.W. 8TH ST MIAMI, FL 33174			701 NW 62ND AVE SUITE 710 MIAMI, FL 33126				
FEI Number:	65-0425492	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HELLINGER, ANDREW B ESQ. 200 S BISCAYNE BLVD STE 3000 MIAMI, FL 33131 US				HELLINGER, ANDREW B ESQ. 3050 BISCAYNE BOULEVARD SUITE 700W MIAMI, FL 33137 US			
The above in the State		ubmits this statement for the pur	rpose of	f changing it	ts registered of	ffice or registered agent, or both,	
SIGNATUR	RE:					05/01/2006	
	Electroni	c Signature of Registered Agent	t			Date	
Election Carr		(2)(b), F.S., the corporation did not r Trust Fund Contribution (). 'ORS:	eceive tl	•		TO OFFICERS AND DIRECTOR	S:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	BUENO, MIGUEI 10550 S.W. 8TH MIAMI, FL 3317 D () I BUENO, MIGUEI 10550 S.W. 8TH MIAMI, FL 3317	ST. 4 Delete - ST.		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	BUENO, MIGUE 701 NW 62ND A MIAMI, FL 3312 GM (X) JARAMILLO, JA 701 NW 62ND A MIAMI, FL 3312	AVE, SUITE 710 26 I Change () Addition NME A AVE, SUITE 710	
Name: Address: City-St-Zip:	JARAMILLO, JÁI 10550 S.W. 8TH MIAMI, FL 3317	ME A ST.		Name: Address: City-St-Zip:	BROWN, JOHN 701 NW 62ND A MIAMI, FL 3312	AVE 26	
Title: Name: Address: City-St-Zip:	D (X) JARAMILLIO, JA 10550 SW 8TH S MIAMI, FL 3317	ST.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	GM (X) DURAN, MARCE 10550 SW 8TH 9 MIAMI, FL 3317	ST.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	COMP (X) HERNANDEZ, AF 10550 SW 8TH S MIAMI, FL 3317	ST.		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAIME JARAMILLO GM 05/01/2006