


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000083192 1. Entity Name MIAMI DIVER, INC.	
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Principal Place of Business 2994 N MIAMI AVE MIAMI, FL 33127	Mailing Address 2994 N MIAMI AVE MIAMI, FL 33127
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**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)  
 4. FEI Number 65-0704243 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, KEVIN  
 2994 N MIAMI AVE  
 MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000402581 02/03/06-80017-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, KEVIN S 2419 GULFSTREAM LN LAUDERDALE ISLES, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PETERS, PAUL J 362 LAKE CREST CT WESTON, FL 33326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: PAUL J. PETERS 1/24/06 305-571-9700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #