

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 90001 009 ***150.00
P97000035842

1082

DOCUMENT # P97000035842	
1. Entity Name MIAMI EXECUTIVE SERVICES, INC.	



05 OCT -6 PM 4:27

Principal Place of Business %MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134	Mailing Address %MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134
---	---



2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

REINSTATEMENT 05

4. FEI Number 65-0749518	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D RODRIGUEZ, RAFAEL 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134 <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	D DEL TORO G, RAFAEL A 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134 <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
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 exemption stated in Section 119.07(3)(i), 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: <u>Rafael A. Del Toro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>8/24/05</u> <small>Date</small>	Daytime Phone: _____ <small>Daytime Phone #</small>
---	---	--

OCT-07-05 FRI 03:30 PM

FAX NO.

P. 02 20f2

RASCO REININGER PEREZ & ESQUENAZI, P.L.
ATTORNEYS & COUNSELORS AT LAW

283 Catalonia Avenue
Coral Gables, Florida 33134-5700
(305) 476-7100
Fax: (305) 476-7102
Web Page: www.rpev.com
E-mail: mledesma@rpev.com

Maria J. Ledesma

Rachel A. Camber
Gary F. Davidson
Salomon B. Esquenazi
Jacqueline M. Ige
Alfonso J. Perez
Luis A. Pérez
Mac S. Phillips
Ramón E. Rasen
Steven R. Reininger*
Mercedes M. Sellek
Jorge M. Vigil

José Manuel Palli
Kenneth Krasny
Of counsel

*Board Certified Business Litigation
Certified Circuit Court Mediator

Via fax at 850-245-6017

October 7, 2005

Florida Department of State
Attn: Ms. Barbara Mitchell

Re: Miami Executive Services – Document No. P970000035842

Dear Barbara:

We kindly request to waive the reinstatement fees for the above referenced company as we have never received your letter July, 2005.

Back in May 2005, we received a letter from Florida Department of State returning the 2005 Annual Report form and corresponding check because a signature was missing in the form. At that time, our client was not in the country so we contacted Katrina Sutphin and explained to her that we would not be able to send the form back within 30 days as the letter requested. She told us there would be no problem, as long as it did not take more than 60 days from the date of the letter. On June 30, 2005 we sent the check and the signed form back to you and we have not heard from you since.

Recently we found out that the company is inactive due to Administrative Dissolution for Annual Report for not having answered to your letter of July 2005 but, again, we never received that letter and therefore, we kindly request to activate the company back and waive the 2005 reinstatement fee.

Please confirm to us that the check and form we sent were received and that the company will be reinstated with no additional costs or fees.

Should you have any questions or comments, please do not hesitate to contact us.

Very truly yours,

RASCO REININGER PEREZ ESQUENAZI & VIGIL, P.L.

Maria J. Ledesma
For the Firm

MJL/mjl
1001-0040576293.doc