

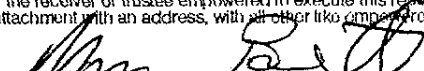


FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000038755			
1. Entity Name NORTH MIAMI ASSETS, INC.			
Principal Place of Business 17401 BRIDELWAY TRAIL BOCA RATON, FL 33496 US		Mailing Address PO BOX 370666 MIAMI, FL 33137 US	
			
		03262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0751509	
		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			
BARNETT, MURRAY 17401 BRIDELWAY TRAIL BOCA RATON, FL 33496			
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		P BARNETT, MURRAY 17401 BRIDELWAY TRAIL BOCA RATON, FL 33496	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/15/05 305-573-6953	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	