


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000007715
 1. Entity Name
MIAMI INTERNATIONAL ADVISORS CORP.



Principal Place of Business 169 E FLAGLER STREET SUITE 1534 MIAMI, FL 33131 US	Mailing Address 7900 OLD YORK RD C-2 ELKINS PARK, PA 19027 US
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03212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2125947	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
**NICENBOIM, JOSE E
 169 E FLAGLER ST, #1534
 MIAMI, FL 33131**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

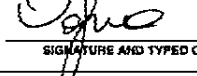
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000098061
 03/29/04-80025-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICENBOIM, JOSE E 169 E FLAGLER, #1534 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELTZER, DAFNA CPA 7900 OLD YORK RD C-2 ELKINS PARK, PA 19027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(c), 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:  **3/20/04 215-782-4444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #