

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2005 90004 030 \*\*\*150.00  
P98000084035

<b>DOCUMENT # P98000084035</b> 1. Entity Name <b>MIAMI'S FINEST, INC.</b>				 <div style="text-align: right;"> <b>FILED</b>  <b>05 JUN 29 PM 1:37</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>1465 N.E. 123 STREET</b> <b>PH #5</b> <b>N. MIAMI, FL 33161</b>		Mailing Address <b>1465 N.E. 123 STREET</b> <b>PH #5</b> <b>N. MIAMI, FL 33161</b>			
2. Principal Place of Business <b>1465 NE 123 STREET</b> Suite, Apt. #, etc. <b>PH-5</b>		3. Mailing Address <b>1566 NE 177 ST</b> Suite, Apt. #, etc.			
City & State <b>NORTH MIAMI</b>		City & State <b>NORTH MIAMI BEACH</b>			
Zip <b>33161</b>		Country <b>USA</b>		Zip <b>33162</b>	
Country <b>USA</b>		4. FEI Number <b>65-0866325</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>RAMIREZ, JOSEPH</b> <b>1465 N.E. 123RD ST., PH 5</b> <b>N. MIAMI, FL 33161</b> <div style="text-align: center; margin-top: 10px;"> <i>(ADDRESS CHANGE ONLY)</i> </div>			7. Name and Address of New Registered Agent Name <b>RAMIREZ, JOSEPH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1566 NE 177 STREET</b> City <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33162</b>		
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 if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		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	PO <b>RAMIREZ, EVER JOSEPH</b> <b>1465 N.E. 123RD ST., PH 5</b> <b>N. MIAMI, FL 33161</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RAMIREZ, EVER JOSEPH</b> <b>1566 NE 177 ST</b> <b>NORTH MIAMI BEACH, FL 33162</b>	
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	
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:			Date <b>06/02/05</b> (305) 510.4620		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					