

FROM : JCGROUPBUSINESSSERVICES

FAX NO. : 305 4709401

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90481 011 ***150.00

DOCUMENT # P98000084035	
1. Entity Name MIAMI'S FINEST, INC.	

Principal Place of Business 1465 N.E. 123 STREET PH #15 N. MIAMI, FL 33161	Mailing Address 1566 NE 177 ST. NORTH MIAMI BEACH, FL 33162
---	---

50017840

04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866325	Apply For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

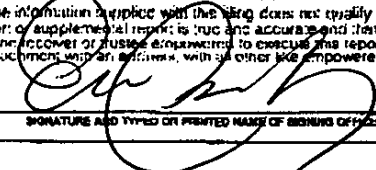
6. Name and Address of Current Registered Agent RAMIREZ, JOSEPH 1566 NE 177 STREET NORTH MIAMI BEACH, FL 33262	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____
Signature, name or printed name of registered agent and sole proprietor (if not a registered agent, signature required if applicable) DATE _____**FILE NOW!! FEE IS \$150.00**
After May 1, 2006 Fee will be \$550.00B. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO RAMIREZ, EVER JOSEPH 1566 NE 177 ST. NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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 included 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 on Block 11 of changed, or an attachment with an address, with all other fee empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**04-27-06 (305)510-4620**

Date: _____ Daytime Phone: _____