## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2006 08:00 AM Secretary of State DOCUMENT # P99000070891 1. Entity Name MIAMI EXPERTS PARTNERS, INC. Principal Place of Business Mading Address 1784 WEST AVE SUITE BAY 4 1784 WEST AVE SUITE BAY 4 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicat 65-0939842 \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIVIES, PATRICK DO NOT WRITE 700 E. DANIA BEACH BLVD. SUITE 202 IN THIS SPACE **DANIA, FL 33004** 6. 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS titie LATOUR, DANIEL STREET ADDRESS 1784 WEST AVE, STE BAY 4 City-ST-ZIP MIAMI BEACH, FL 33139 TITLE 000000565283 05/20/06-80120-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all paner like approximate.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME
NAME
SIRVET ADDRESS
CITY-N-UP
TITLE
NAME
SIRVET ADDRESS
CHY-ST-ZIP

ATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

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