

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000070891

1. Entity Name
MIAMI EXPERTS PARTNERS, INC.



FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90048 014 ***150.00

40125903



07102007 Chg-P CR2E034 (12/06)

Principal Place of Business
1784 WEST AVE
SUITE ~~BAY 4~~
MIAMI BEACH, FL 33139

Mailing Address
1784 WEST AVE
SUITE ~~BAY 4~~
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
700 E DANIA BEACH BLVD

3. Mailing Address

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.

City & State
DANIA, FL 33004

City & State

Zip 33004

Zip

Country

4. FEI Number
65-0939842

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA, FL 33004

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME LATOUR, DANIEL
STREET ADDRESS 1784 WEST AVE, STE BAY 4
CITY-ST-ZIP MIAMI BEACH, FL 33139

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP
LATOUR DANIEL
700 E DANIA BEACH, BLVD
DANIA, FL, 33004

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 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: *deanu stacy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2007

Date

Daytime Phone #