

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -5 AM 9:00



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1610421  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MARRERO, MIRIAM C  
MCM RLTY PROPERTY MGMT.  
190 WESTWARD DR., STE A  
MIAMI SPRINGS, FL 33166

## 7. Name and Address of New Registered Agent

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 reinstating)

DATE

900075046099  
05/23/06--01006--018 \*\*\$1.25

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MEDEL, VINCENT ☐ Delete  
STREET ADDRESS 330 MORNINGSIDE DR  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE SD  
NAME HOWARD, VIRGINIA ☐ Delete  
STREET ADDRESS 6240 NW 38 TERRACE  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE D  
NAME SWEENEY, TERRY ☐ Delete  
STREET ADDRESS 465 ROYAL POINCIANA BL #7B  
CITY-ST-ZIP MIAMI SPRING, FL 33166

TITLE VD  
NAME TRAVIESO, MIRIAM ☐ Delete  
STREET ADDRESS 1410 ALBERTA ST  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE TD ☒ Delete  
NAME ALFONSO, ANGELA  
STREET ADDRESS 465 ROYAL POINCIANA BL #12A  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE D  
NAME DONIKIAN, SERGIO ☐ Delete  
STREET ADDRESS 911 PLOVER AVE  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06

(305) 887-9000