

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756302

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: MIAMI BEACH COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

945 PENNSYLVANIA AVE  
MIAMI, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

945 PENNSYLVANIA AVE  
MIAMI, FL 33139

**New Mailing Address:**

FEI Number: 59-2110264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DATORRE, ROBERTO  
945 PENNSYLVANIA AVE  
MIAMI, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DATORRE, ROBERTO  
Address: 410 16TH ST  
City-St-Zip: MIAMI, FL 33139

Title: D ( ) Delete  
Name: POLANSKY, LINDA  
Address: 945 PENNSYLVANIA AVE.  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: TOMLIN, DON  
Address: 238 SAN MARION D  
City-St-Zip: MIAMI, FL 33139

Title: PV ( ) Delete  
Name: KENNEDY, KARL  
Address: 945 PENNSYLVANIA AVE  
City-St-Zip: MIAMI, FL 33139

Title: AT ( ) Delete  
Name: WOOD, RICHARD  
Address: 945 PENNSYLVANIA AVE  
City-St-Zip: MIAMI, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARTINEZ, LOUIS  
Address: 945 PENNSYLVANIA AVE  
City-St-Zip: MIAMI, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD WOOD

AT

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date