


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90016 008 ****61.25

DOCUMENT # N06000004551	
1. Entity Name MIRAMAR CULTURAL TRUST, INC.	

Principal Place of Business 2300 CIVIC CENTER PLACE 2ND FLOOR MIRAMAR, FL 33025	Mailing Address 2300 CIVIC CENTER PLACE 2ND FLOOR MIRAMAR, FL 33025
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40044133



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

0112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEISS SEROTA HELFMAN PASTORIZA COLE & BONI 3107 STIRLING ROAD SUITE 300 FT. LAUDERDALE, FL 33312		Name Street Address (P.O. Box Number is Not Acceptable) 200 East Broward Blvd. #1900 City Ft. Lauderdale FL Zip Code 33301	


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYTON, ROBERT A			NAME			
STREET ADDRESS	2300 CIVIC CENTER PLACE 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSELEY, LORI C			NAME			
STREET ADDRESS	2300 CIVIC CENTER PLACE 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARGRAY, VERNON E			NAME			
STREET ADDRESS	2300 CIVIC CENTER PLACE 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  3-19-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #