


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

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	



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3879853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS SEROTA HELFMAN PASTORIZA COLE & BONI
 200 EAST BROWARD BLVD.
 #1900
 FT. LAUDERDALE, FL 33312

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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, 2008

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

000000847360
 03/19/08-80017-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYTON, ROBERT A 2300 CIVIC CENTER PLACE 2ND FLOOR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSELEY, LORI C 2300 CIVIC CENTER PLACE 2ND FLOOR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARGRAY, VERNON E 2300 CIVIC CENTER PLACE 2ND FLOOR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 2/22/08 Daytime Phone #: 954-602-3117