

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90053 020 \*\*\*\*61.25

<b>DOCUMENT # N20631</b>			
1. Entity Name <b>MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION INCORPORATED</b>			
Principal Place of Business <b>818 MERIDIAN AVENUE APT. #2 MIAMI BEACH FL 33139 US</b>		Mailing Address <b>818 MERIDIAN AVENUE APT. #2 MIAMI BEACH FL 33139 US</b>	
2. Principal Place of Business <i>818 Meridian Ave</i>		3. Mailing Address <i>818 Meridian Ave</i>	
Suite, Apt. #, etc. <i>Apt #2</i>		Suite, Apt. #, etc. <i>Apt #2</i>	
City & State <i>Miami Beach FL</i>		City & State <i>Miami Beach FL</i>	
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent <b>GARCIA, EDITH 818 MERIDIAN AVE APT. 2 MIAMI BEACH FL 33139</b>		7. Name and Address of New Registered Agent Name <i>EDITH GARCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>818 Meridian Ave, Apt #2</i> City <i>Miami Beach</i> FL Zip Code <i>33139</i>	
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 <i>Edith Garcia</i> ( <i>EDITH GARCIA</i> ) <i>Treasurer</i> <i>1/30/04</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DEL RIO, GERARDO 818 MERIDIAN AVE., #4 MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AVILA, MARIA E 818 MERIDIAN AVE. #3 MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DEL RIO, REINA 818 MERIDIAN AVE #3 MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GARCIA, EDITH 818 MERIDIAN AVE. #2 MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MENDEZ, MANOLO 818 MERIDIAN AVE., #5 MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Edith Garcia</i> ( <i>EDITH GARCIA</i> )		<i>1/30/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #



MOORE CR2E037 (11/03)

4. FEI Number **59-1429140** Applied For Not Applicable

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