


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90072 030 ****61.25

DOCUMENT # N20631			
1. Entity Name MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION INCORPORATED			
Principal Place of Business 818 MERIDIAN AVE. APT. #2 MIAMI BEACH, FL 33139 US		Mailing Address 818 MERIDIAN AVENUE APT. #2 MIAMI BEACH, FL 33139 US	
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</i>		City & State <i>Miami Beach</i>	
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>
03172005 Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-1429140		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, EDITH 818 MERIDIAN AVE APT. 2 MIAMI BEACH, FL 33139		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> <i>Miami Beach</i> City <i>FL</i> 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>		DATE <i>3/18/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL RIO, GERARDO 818 MERIDIAN AVE., #4 MIAMI BEACH, FL 33139 <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	PD AVILA, MARIA E 818 MERIDIAN AVE. #3 MIAMI BEACH, FL 33139 <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	SD DEL RIO, REINA 818 MERIDIAN AVE #3 MIAMI BEACH, FL 33139 <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	TD GARCIA, EDITH 818 MERIDIAN AVE. #2 MIAMI BEACH, FL 33139 <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	D MENDEZ, MANOLO 818 MERIDIAN AVE., #5 MIAMI BEACH, FL 33139 <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 titles empowered.			
SIGNATURE: <i>X Edith Garcia</i>		Date <i>3/18/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	