

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State



DOCUMENT # N20631

1. Entity Name

**MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION
INCORPORATED**

Principal Place of Business

Mailing Address

818 MERIDIAN AVE.
APT. #2
MIAMI BEACH FL 33139
US

818 MERIDIAN AVENUE
APT. #2
MIAMI BEACH FL 33139
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1429140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, EDITH
818 MERIDIAN AVE
APT. 2
MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
NAME: **DEL RIO, GERARDO**
STREET ADDRESS: **818 MERIDIAN AVE., #4**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: Change Addition
NAME: **U00000632941**
STREET ADDRESS: **02/21/07-80018-008 61.25**
CITY-ST-ZIP: **61.25**

TITLE: **PD** Delete
NAME: **AVILA, MARIA E**
STREET ADDRESS: **818 MERIDIAN AVE. #3**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **SD** Delete
NAME: **DEL RIO, REINA**
STREET ADDRESS: **818 MERIDIAN AVE #3**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **TD** Delete
NAME: **GARCIA, EDITH**
STREET ADDRESS: **818 MERIDIAN AVE. #2**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **D** Delete
NAME: **MENDEZ, MANOLO**
STREET ADDRESS: **818 MERIDIAN AVE., #5**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Edith Garcia (Treasurer)

2/07/07 (305) 538-0460