
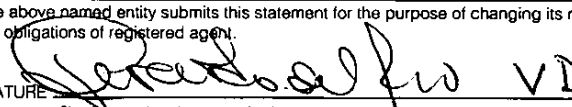
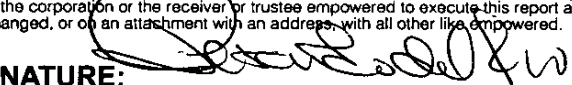


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90022 042 \*\*\*\*61.25

<b>DOCUMENT # N20631</b>			
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 - No P.O. Box #		3. Mailing Address 818 Meridian Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT # 4	
City & State		City & State Miami Beach, FL	
Zip	Country	Zip	Country
33139	US	33139	US
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 Gerardo Del Rio	
		Street Address (P.O. Box Number is Not Acceptable) 818 Meridian Ave # 4	
		City Miami Beach	
		FL Zip Code 33139	
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 		DATE 2-9-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	
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 checked="" 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 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: 		DATE 2-9-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305 763-8663	

40023800



02062008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1429140 Applied For Not Applicable

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