


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90344 018 ****61.25

DOCUMENT # N29012
 1. Entity Name
MIAMI ART CLUB, INC.



Principal Place of Business Mailing Address
8454 SW 24 STREET (CORAL WAY) **8454 SW 24 STREET (CORAL WAY)**
WESTCHESTER MALL **WESTCHESTER MALL**
MIAMI FL 33155-2334 **MIAMI FL 33155-2334**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
ALVAREZ, MIRIAM M
8454 SW 24 STREET
(CORAL WAY) WESTCHESTER MALL
MIAMI FL 33155-2334

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, TOMAS	
STREET ADDRESS	6655 S.W. 40 CT.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANCHEZ, RODOLFO R	
STREET ADDRESS	8100 SW 89 TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALVAREZ, MIRIAM M	
STREET ADDRESS	3600 SW 26TH STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOSE E	
STREET ADDRESS	3600 SW 26TH STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILIAN, LORRAINE	
STREET ADDRESS	281 SOUTHWEST 71ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAMPANO, MERCEDES	
STREET ADDRESS	2625 COLLINS AVENUE, 403	
CITY-ST-ZIP	MIAMI BEACH FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, MARIA A	
STREET ADDRESS	4400 SW 57 QUE	
CITY-ST-ZIP	MIAMI, FL 33155	

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: *Miriam M Alvarez* **4/13/05** **(305) 227-4794**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #