


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90283 017 \*\*\*\*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.  
        **7795 W. Flagler St.**  
        **Suite 12**

1st MOORE      CR2E037 (10/05)

City & State      City & State  
        **Miami, FL**

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

Zip      Country      Zip      Country  
             **33144**      **USA**

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

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: **ALVAREZ, MIRIAM M.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**7795 W. Flagler St. Suite 12**  
**Mall of the Americas**  
 City: **Miami**      FL      Zip Code: **33144**

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: *Miriam M Alvarez*      DATE: 4/27/06  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 type="checkbox"/> Delete
NAME	CARMONA, MARIA A	
STREET ADDRESS	4400 SW 57 AVE	
CITY-ST-ZIP	MIAMI FL 33155	

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	

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: *Rodolfo R. Sanchez*      DATE: 4/27/06      Phone: (305) 412-8900