

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N50197**

1. Entity Name  
**MIAMI BOND CLUB, INC.**



Principal Place of Business  
 2829 BIRD AVE  
 PMB 301  
 COCONUT GROVE, FL 33133

Mailing Address  
 2829 BIRD AVE  
 PMB 301  
 COCONUT GROVE, FL 33133



D1202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0702543** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANDERSON, CLAIRE  
 3063 CENTER STREET  
 COCONUT GROVE, FL 33133

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MIRANDA, BRUNO
STREET ADDRESS	UBS INTL
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	HUGHES, MARTIN
STREET ADDRESS	ROYAL BK OF CANADA
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	PD
NAME	VALDIVIA, RICARDO
STREET ADDRESS	BSCH INTERNATIONAL
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	T
NAME	ANDERSON, CLAIRE
STREET ADDRESS	2829 BIRD AVE. PMB 307
CITY- ST- ZIP	COCONUT GROVE, FL 33133
TITLE	S
NAME	MIRANDA, BRUNO
STREET ADDRESS	VBS INTL
CITY- ST- ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

00000388517  
 02/01/06-80014-024 61.25

**DO NOT WRITE IN THIS SPACE**

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: Claire Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06  
Date

Daytime Phone #