

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N99000004029

Entity Name: MIAMI CARNIVAL, INC.

Current Principal Place of Business:

18425 N.W. 2ND AVENUE
SUITE 335
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18425 N.W. 2ND AVENUE
SUITE 335
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0932385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ARCY, KATHRYN
18425 N.W. 2ND AVENUE, SUITE 335
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAGOONAN, JOAN
Address: 18425 NW 2ND AVE, # 335
City-St-Zip: MIAMI, FL 33169

Title: C () Delete
Name: LEWIS, SELMAN
Address: 18425 NW 2ND AVE., STE 335
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: WILLIAMS, RUTHVEN
Address: 18425 N.W. 2ND AVENUE. SUITE 335
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ROBERTS, SIDNEY
Address: 18425 NW 2ND AVENUE SUITE 335
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: DARCY, KATHRYN
Address: 18425 NW 2ND AVE, # 335
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ASSAM, CARL
Address: 18425 NW 2ND AVENUE #335
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: WILLIAMS, RUTHVEN
Address: 18425 NW 2ND AVE, # 335
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change () Addition
Name: LUKE, RAYMOND
Address: 18425 NW 2ND AVE., STE 335
City-St-Zip: MIAMI, FL 33169

Title: C (X) Change () Addition
Name: RAGOONAN, JOAN
Address: 18425 N.W. 2ND AVENUE. SUITE 335
City-St-Zip: MIAMI, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTHVEN WILLIAMS

C

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date