


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90090 025 ****61.25

DOCUMENT # N04000004411
1. Entity Name
MIAMI BEACH ART DECO WEEKEND, INC.



Principal Place of Business
**1001 OCEAN DRIVE
MIAMI BEACH, FL 33139**

Mailing Address
**PO BOX 190180
MIAMI BEACH, FL 33119**

00044304



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State
Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERWIN, JEAN
25 SE 2ND. AVE SUITE #1144
MIAMI, FL 33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	C	<input type="checkbox"/> Delete
NAME	DUNLOP, BETH	
STREET ADDRESS	5851 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PYNES, STEVE	
STREET ADDRESS	4581 POST AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CHASE, BARRY	
STREET ADDRESS	4775 COLLIND AVE APT #601	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PERWIN, JEAN	
STREET ADDRESS	25 SE 2ND. AVE SUITE#1144	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVER, MANAL	
STREET ADDRESS	3121 SHERIDAN AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SOLERA, LOURDES	
STREET ADDRESS	13620 SW 102 COURT	
CITY-ST-ZIP	MIAMI, FL 33176	

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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Downs, Diane	
STREET ADDRESS	1521 Alton Road #804	
CITY-ST-ZIP	Miami Beach FL 33139	

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: *William Farley* **03.12.07** **305.672.2014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #