


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90147 001 ***183.75

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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



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

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

03172008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip Country

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, 2008

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 checked="" 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 COLLINS 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 checked="" 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	CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNES, DIANE	
STREET ADDRESS	1521 ALTON ROAD # 804	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, ERIC	
STREET ADDRESS	616- 47 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VICE CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS, ARTHUR	
STREET ADDRESS	1450 LINCOLN ROAD # 866	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACHAY, JOHN	
STREET ADDRESS	9328 NE 9 AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

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 Farkas William Farkas APR 26, 2008 305-672-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #