2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709414

Entity Name: FIRST MIRAMAR CONDOMINIUM, INC.

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6720 ARBOR DR. 6720 ARBOR DR. MIRAMAR, FL 33024

Current Mailing Address: New Mailing Address:

C/O USA SERVICES C/O USA MANAGEENT 6915 TAFT ST. 6915 TAFT ST. HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024

FEI Number: 59-1115488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUSICO, BERNICE
3720 ARBOR DRIVE #108
MIRAMAR, FL 33023 US

MUSICO, BERNICE
6720 ARBOR DRIVE
108
MIRAMAR, FL 33023 US

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: 04/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: D (X) Change () Addition Name: ALLEN, DOROTHY Name: ALLEN, DOROTHY

 Address:
 6720 ÅRBOR DRIVE # 207
 Address:
 6720 ÅRBOR DRIVE # 207

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33023

Title: D () Delete Title: STD (X) Change () Addition Name: MUCICO, BERNICE Name: MUSICO, BERNICE

 Name:
 MUCICO, BERNICE
 Name:
 MUSICO, BERNICE

 Address:
 6720 ARBOR DR #108
 Address:
 6720 ARBOR DR #108

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33023

Title: BM () Delete Title: PD (X) Change () Addition Name: MUSECO, BERNICE Name: CUSACUD, ALFONSO

 Address:
 6720 ARBOR DR. #108
 Address:
 6720 ARBOR DR. #202

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33023

Title: BM () Delete Title: VPD (X) Change () Addition

 Name:
 ALTQUELLA, TERESA
 Name:
 LECATES, JEAN

 Address:
 6720 ARBOR DR., #109
 Address:
 6720 ARBOR DR., #101

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33023

Title: D (X) Delete Title: () Change () Addition

 Name:
 ALTAVILLA, TERESA
 Name:

 Address:
 6720 ARBOR DR 109
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33023
 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: PAUL J SHAPIRO MANA 04/26/2009