


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

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 715997
1. Entity Name
MIAMI PARK VIEW HOUSE INC.



Principal Place of Business Mailing Address
1229 MERIDIAN AVE 1229 MERIDIAN AVE
APT #5 APT #5
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE **Not Applicable**

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

6. Name and Address of Current Registered Agent

SOLOMON, BERNARD
1229 MERIDIAN AVE #5
MIAMI BEACH, FL 33139

**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 Bernard Solomon Bernard Solomon/TD DATE 01/09/06
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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SOLOMON, BERNARD 1229 MERIDIAN AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BURLEY, MELISSA 1229 MERIDIAN AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CINTO, JAMES D 1229 MERIDIAN AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JALLAIS, LAURENT 1227 MERIDIAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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01/13/06-80022-019 61.25

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: JAMES CINTO DATE 1/9/06 DAYTIME PHONE # 305-535-9038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR