2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 715997

Entity Name: MIAMI PARK VIEW HOUSE INC.

Current Principal Place of Business:

1229 MERIDIAN AVE
APT #5
MIAMI BEACH, FL 33139

New Principal Place of Business:

1229 MERIDIAN AVE
APT #8
MIAMI BEACH, FL 33139

Current Mailing Address:

1229 MERIDIAN AVE
APT #5
MIAMI BEACH, FL 33139

New Mailing Address:

1229 MERIDIAN AVE
APT #8
MIAMI BEACH, FL 33139

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CINTO, JAMES
1229 MERIDIAN AVE #8
MIAMI BEACH, FL 33139 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: JAMES D. CINTO 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: SOLOMON, BERNARD
Address: 1229 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete
Name: BURLEY, MELISSA
Address: 1229 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD ( ) Delete
Name: CINTO, JAMES D
Address: 1229 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete
Name: JALLAIS, LAURENT
Address: 1227 MERIDIAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BURKHOLDER, JON SCOTT
Address: 1229 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: JAMES D. CINO PD 04/22/2008
Electronic Signature of Signing Officer or Director Date