

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741498

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: MIAMI BEACH HOUSING, INC.

## Current Principal Place of Business:

200 ALTON ROAD  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

200 ALTON ROAD  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 59-0603186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYNES, KATHRYN ED  
200 ALTON ROAD  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

DEL CAMPILLO, MIGUELL ED  
200 ALTON ROAD  
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: MIGEULL DEL CAMPILLO

04/22/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: HAYNES, KATHRYN  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: FD (X) Delete  
Name: GOROKHOVSKY, OLEG  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MD ( ) Delete  
Name: GARWICK, MATTHEW  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SPD ( ) Delete  
Name: O'HARA, MICHAEL  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: HD ( ) Delete  
Name: PRENDES, ORLANDO  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: HRD ( ) Delete  
Name: ESTEVEZ, KATHRYN  
Address: 200 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: DEL CAMPILLO, MIGUELL  
Address: 200 ALTON ROAD  
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:

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 for the exemption stated in Section 119.07(3)(i), 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: MIGUELL DEL CAMPILLO

ED

04/22/2005

Electronic Signature of Signing Officer or Director

Date