2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755781

FILED Mar 02, 2009 Secretary of State

Entity Name: MIAMI BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	LLINS AVE LES BCH, FL	33160 US			
JOININ 10	LLO DOI1, I L	33100 00			
Current Mailing Address:			New Maili	New Mailing Address:	
2510 NW 9 MIAMI, FL	97 AVE STE 2 33172 US	00			
El Number	59-2089792	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
ONE SE T 1820	ZA, JOSEPH HIRD AVE 33131 US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	ALDUNCIN, LC 19051 COLLIN) Delete URDES M S AVENUE #E103 BEACH, FL 33160 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DIAZ, IRVING 19051 COLLIN) Delete J S AVENUE #E126 BEACH, FL 33160 US	Title: Name: Address: City-St-Zip:	V (X) Change () Addition WEINSTEIN, RICHARD 19051 COLLINS AVENUE #E216 SUNNY ISLES BEACH, FL 33160 US	
Fitle: Name: Address: City-St-Zip:	PEREZ, AMAD 19051 COLLIN) Delete A J S AVENUE #E205 BEACH, FL 33160 US	Title: Name: Address: City-St-Zip:	S (X) Change () Addition ZAENSI, LUDMILA 19051 COLLINS AVENUE #E123 SUNNY ISLES BEACH, FL 33160 US	
Title: Name: Nddress: Dity-St-Zip:	ARPA, LALO G 19051 COLLIN) Delete ARCIA S AVENUE #E203 BEACH, FL 33160 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
) Delete RO	Title: Name: Address:	() Change () Addition	
Title: Jame: Address: City-St-Zip:		S AVENUE #E105 BEACH, FL 33160 US	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: SYLVIA PIQUE MGR 03/02/2009