## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002982

FILED Apr 30, 2008 Secretary of State

Entity Name: MIAMI RIVERVIEW CONDOMINIUM ASSOCIATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

400 SW 2ND ST **UNIT 204** MIAMI, FL 33130

**Current Mailing Address: New Mailing Address:** 

9100 S. DADELAND BLVD. 400 SW 2ND ST STE 1607 **UNIT 204** MIAMI, FL 33156 MIAMI, FL 33130

FEI Number: 20-2434967 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:

ATTORNEY CORPORATE REPORTING SERVICES, INC 9100 S. DADELAND BLVD STE 1607 MIAMI, FL 33156 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MENDIOLA, ANA M MENDIOLA, ANA MARIA Name: Name:

400 S W 2ND STREET, UNIT 204 Address: 400 S W 2ND STREET, UNIT 204 Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

(X) Change ( ) Addition Title: VPD ( ) Delete Title: Name: LLAVONA, LAURA Name: LLAVONA, LAURA

Address: 400 S W 2ND STREET, UNIT 204 Address: 400 S W 2ND STREET, UNIT 303

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

Title: () Delete Title: SD (X) Change ( ) Addition GARCIA, LETTY TUCKER, MARK Name: Name:

400 S W 2ND STREET, UNIT 204 400 S W 2ND STREET, UNIT 305 Address: Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

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

Name: Name: MARTINEZ, MARITZA

400 S W 2ND STREET, UNIT 201 Address: Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33130

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: ANA MARIA MENDIOLA PD 04/30/2008