

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N05000000050

Entity Name: MIRADOR 1000 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 WEST AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WEST AVENUE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-2291257      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 N. COMMERCE PKWY.  
WESTON, FL 33326      US

**Name and Address of New Registered Agent:**

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:**

Title: PD      ( ) Delete  
Name: SHUGARMAN, ALAN  
Address: 1000 WEST AVE # 209  
City-St-Zip: MIAMI BCH, FL 33139

Title: VD      ( ) Delete  
Name: MARTINEZ, RICHARD  
Address: 1000 W. AVE.#1119  
City-St-Zip: MIAMI BCH, FL 33139

Title: STD      ( ) Delete  
Name: KEANE, BRIAN  
Address: 1000 W. AVE. # 1104  
City-St-Zip: MIAMI BCH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: VALERIE CRAWFORD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CONS

04/14/2009

\_\_\_\_\_  
Date