2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000004068

T FILED
Jul 10, 2006
Secretary of State

Entity Name: MIMO ON THE BEACH II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

6885 BYRON AVENUE MIAMI BEACH, FL 33141

Current Mailing Address:

New Mailing Address:

% ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE 700

305 ALCAZAR AVE. CORAL GABLES, FL 33134

COCONUT GROVE, FL 33133

FEI Number: 20-3624191

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:

ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE SUITE 700

SUITE 700 COCONUT GROVE, FL 33133 US VILAR PROPERTY MANAGEMENT 305 ALCAZAR AVE.

CORAL GABLES, FL 33134 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: TERESA VILAR

07/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete

Name: GARCIA, JOSE M

Address: % 2601 SOUTH BAYSHORE DR. STE 700

City-St-Zip: COCONUT GROVE, FL 33133

Title: VD () Delete Name: GARCIA, CARLOS

Address: % 2601 SOUTH BAYSHORE DR. STE 700

City-St-Zip: COCONUT GROVE, FL 33133

Title: STD () Delete

Name: ELJAIEK, SANTIAGO III

Address: % 2601 SOUTH BAYSHORE DR. STE 700 City-St-Zip: COCONUT GROVE, FL 33133

Title: PVD (X) Change () Addition

Name: TRIANA, GRACIELA Address: 275 SW 84 AVE. City-St-Zip: MIAMI, FL 33144

Title: TD (X) Change () Addition

Name: COTAYO, IVAN

Address: 400 NE 12 AVE., UNIT 804 City-St-Zip: HALLANDALE BEACH, FL 333

Title: SD (X) Change () Addition

Name: VALDEZ, TERESITA Address: 1530 SW 90 AVE. City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the 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: GRACIELA TRIANA PVD 07/10/2006