

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 24, 2006
Secretary of State**

DOCUMENT# N05000004069

Entity Name: MIMO ON THE BEACH I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7435 HARDING AVENUE
MIAMI BEACH, FL 33141**New Principal Place of Business:**7435 7445 HARDING AVENUE
MIAMI BEACH, FL 33141**Current Mailing Address:**% ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE SUITE 700
COCONUT GROVE, FL 33133**New Mailing Address:**305 ALCAZAR AVE.
CORAL GABLES, FL 33134

FEI Number: 20-3624101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE
SUITE 700
COCONUT GROVE, FL 33133 US**Name and Address of New Registered Agent:**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

07/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: GARCIA, JOSE M
Address: % 2601 SOUTH BAYSHORE DR. STE 700
City-St-Zip: COCONUT GROVE, FL 33133Title: VD () Delete
Name: GARCIA, CARLOS
Address: % 2601 SOUTH BAYSHORE DR. STE 700
City-St-Zip: COCONUT GROVE, FL 33133Title: STD () Delete
Name: ELJAIK, SANTIAGO III
Address: % 2601 SOUTH BAYSHORE DR. STE 700
City-St-Zip: COCONUT GROVE, FL 33133**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: HOUSEN, CAROL
Address: 7435 7445 HARDING AVE # 109
City-St-Zip: MIAMI BEACH, FL 33141Title: VD (X) Change () Addition
Name: TOLEDO, DAVID
Address: 755 WEST 70 PLACE
City-St-Zip: HIALEAH, FL 33014Title: STD (X) Change () Addition
Name: TRIANA, GRACIELA
Address: 275 SW 84 AVENUE
City-St-Zip: MIAMI, FL 33144

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: CAROL HOUSEN

PD

07/24/2006

Electronic Signature of Signing Officer or Director

Date