

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

08 JAN - 2 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005927



1. Entity Name
MIMO ON THE BEACH IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
350 75TH ST
MIAMI BEACH, FL 33141

Mailing Address
305 ALCAZAR AVE.
CORAL GABLES, FL 33134

01-3-07



2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

12032007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3624322

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VILAR PROPERTY MANAGEMENT
7446 SW 48TH STREET
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and the incorporator. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, FERNANDO 350 75 STREET, UNIT #208 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD CABREJOS, ESTEBAN 350 75 STREET, UNIT #205 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SAMOLESKI, DOMINICK 350 75 STREET, UNIT #108 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ENRIQUE SANCHEZ PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3933 SW 108 Circle Court MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100113743851 01/04/08--01009--016 **\$1.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ileana Pelaez - Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6830 SW 51 ST MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	William Camaraza VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1078 NE 94 ST MIAMI STORAS FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Peter Cayle, Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6701 SUNSET Drive #112 MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 12/14/07 305 205 1028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR