

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007949

FILED
May 11, 2007
Secretary of State

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

Current Principal Place of Business:

6930 BYRON AVE.
MIAMI BCH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6930 BYRON AVE.
MIAMI BCH, FL 33141

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DR., SUITE 700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DR., SUITE 700
COCONUT GROVE, FL 33133 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: SANTIAGO ELJAEK, MANAGER

05/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, JOSE M
Address: 3233 PALM AVE.
City-St-Zip: HIALEAH, FL 33012

Title: VD () Delete
Name: GARCIA, CARLOS
Address: 3233 PALM AVE.
City-St-Zip: HIALEAH, FL 33012

Title: STD () Delete
Name: ELJAEK, SANTIAGO III
Address: 2601 SOUTH BAYSHORE DR., SUITE 700
City-St-Zip: COCONUT GROVE, FL 33133

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: JOSE GARCIA

PD

05/11/2007

Electronic Signature of Signing Officer or Director

Date