2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005067

Entity Name: MIMO BISCAYNE ASSOCIATION, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
686 NE 74 MIAMI, FL							
Current Mailing Address:				New Mailing Address:			
686 NE 74 MIAMI, FL							
FEI Number:	26-0383113	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Des	ired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent	t:
ROLLASON, FRANCES C. 686 NE 74 ST. MIAMI, FL 33138 US				ROLLASON, FRANCES C 686 NE 74 ST. MIAMI, FL 33138 US			
The above in the State		ubmits this statement for the pu	urpose of	changing it	s registered o	ffice or registered ager	nt, or both,
SIGNATURE: FRANCES C. ROLLASON				02/11/2009			
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS	AND DIRECT	rors:		ADDITION	S/CHANGES	TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	P () ROLLASON, FR 686 NE 74 ST. MIAMI, FL 3313			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V () POWERS, ROB 565 NE 66 ST. MIAMI, FL 3313			Title: Name: Address: City-St-Zip:	V (X) LIEBMAN, NAN 9 ISLAND AVE. MIAMI BEACH,	, #408	
Title: Name: Address: City-St-Zip:	V () FIGUEROA, WA 6500 BISCAYNE MIAMI, FL 3313	BLVD		Title: Name: Address: City-St-Zip:	V (X) FRITZ, NELSOI 8001 BISCAYN MIAMI, FL 331	E BLVD.	
Title: Name: Address: City-St-Zip:	S () LIEBMAN, NANO 9 ISLAND AVE., MIAMI BEACH, I	#408		Title: Name: Address: City-St-Zip:	S (X) GIMENEZ, BAR 7001 BISCAYN MIAMI, FL 331	E	
Title: Name: Address: City-St-Zip:	T () HANCOCK APFI 550 SABAL PAL MIAMI, FL 3313	M RD.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () VEGA, SINUHE 6900 BISCAYNE MIAMI, FL 3313			Title: Name: Address: City-St-Zip:	D (X) FIGUEROA, W/ 6500 BISCAYN MIAMI, FL 331	E BLVD.	

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: FRANCES C. ROLLASON P 02/11/2009