

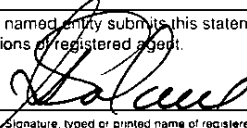
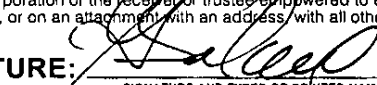


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N17277 1. Entity Name MIAMI-ROADS NEIGHBORHOOD CIVIC ASSOCIATION, INC.			<div style="text-align: right; font-size: 24px; font-weight: bold;">FILED</div> <div style="text-align: right; font-size: 18px;">06 SEP -5 PM 1:45</div> <div style="text-align: right; font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; margin-top: 20px;">  </div>
Principal Place of Business 228 SW 23 ROAD MIAMI, FL 33129 US		Mailing Address 228 SW 23 ROAD MIAMI, FL 33129 US	
2. Principal Place of Business 144 S.W. 19th Road Suite, Apt. #, etc.		3. Mailing Address 144 S.W. 19th Road Suite, Apt. #, etc.	
City & State Miami, Florida 33129		City & State Miami, Florida	
Zip 33129	Country U.S.	Zip 33129	Country U.S.
4. FEI Number 59-2744056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKINS, JOSEPH F 228 SW 23 ROAD MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Grace Solares Street Address (P.O. Box Number is Not Acceptable) 60 S.W. 30th Road City Miami FL Zip Code 33129	
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  Signature, typed or printed name of registered agent and title if applicable Grace Solares		TITLE President DATE 8/18/06	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLARES, GRACE <input type="checkbox"/> Delete 60 SW 30 ROAD MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400079880054 09/15/06--01045--011 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIG, DAVID <input type="checkbox"/> Delete 2837 S.W. 3RD AVENUE MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILKINS, JOSEPH <input checked="" type="checkbox"/> Delete 228 SW 23 ROAD MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lorraine Tucker 218 S.W. 21st Road, Miami, Fla. 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOENIGSBERG, LINDA <input type="checkbox"/> Delete 144 SW 19 RD MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: 		Grace Solares, President 8/18/06 305-372-2445 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	