

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90072 030 ****61.25

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|--|--|--|--|--|--|
| DOCUMENT # N20631 1. Entity Name MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION INCORPORATED | | | |  | |
| Principal Place of Business 818 MERIDIAN AVE. APT. #2 MIAMI BEACH, FL 33139 US | | | Mailing Address 818 MERIDIAN AVENUE APT. #2 MIAMI BEACH, FL 33139 US | | |
| 2. Principal Place of Business 818 Meridian Ave Suite, Apt. #, etc. Apt #2 City & State Miami Beach Zip 33139 Country USA | | 3. Mailing Address 818 Meridian Ave Suite, Apt. #, etc. Apt #2 City & State Miami Beach Zip 33139 Country USA | |  | |
| 03172005 Chg-NP CR2E037 (10/03) | | | | 4. FEI Number 59-1429140 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GARCIA, EDITH 818 MERIDIAN AVE APT. 2 MIAMI BEACH, FL 33139 | | | 7. Name and Address of New Registered Agent Name Edith Garcia Street Address (P.O. Box Number is Not Acceptable) 818 Meridian Ave Apt #2 Miami Beach City FL Zip Code 33139 | | |
| 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 3/18/05 <small>Signature, typed or printed name of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEL RIO, GERARDO 818 MERIDIAN AVE., #4 MIAMI BEACH, FL 33139 | <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 | PD AVILA, MARIA E 818 MERIDIAN AVE. #3 MIAMI BEACH, FL 33139 | <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 | SD DEL RIO, REINA 818 MERIDIAN AVE #3 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GARCIA, EDITH 818 MERIDIAN AVE. #2 MIAMI BEACH, FL 33139 | <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 | D MENDEZ, MANOLO 818 MERIDIAN AVE., #5 MIAMI BEACH, FL 33139 | <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 | <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 exemption stated in Section 119.07(3)(i), 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 title empowered. | | | | | |
| SIGNATURE:  | | | Date 3/18/05 Daytime Phone # | | |