
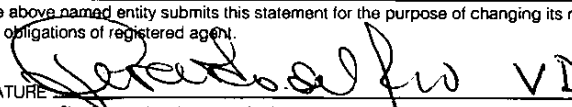
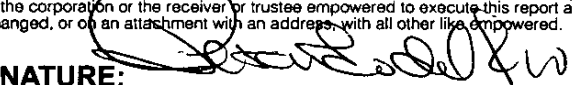


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90022 042 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 818 Meridian Ave APT # 4 Suite, Apt. #, etc. City & State Miami Beach, FL Zip Country 33139 US			
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 Gerardo Del Rio Street Address (P.O. Box Number is Not Acceptable) 818 Meridian Ave # 4 City Miami Beach 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  VD DATE 2-9-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 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		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:  VD			Date 2-9-08 Daytime Phone # 305 763-8663		