2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# N26388

Entity Name: MIRACLE VILLAGE CONDOMINIUM, INC.

Current Principal Place of Business:

4231 NW 4 STREET
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

4231 NW 4 STREET
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0062955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELAFE, ELISA
4231 NW 4 ST
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE LA FE, ELISA
Address: 4231 NW 4 STREET
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete
Name: RAMA, JOSE
Address: 4229 NW 4 STREET
City-St-Zip: MIAMI, FL 33126

Title: SDT ( ) Delete
Name: COTILLA, OSVALDO
Address: 4235 NW 4 STREET
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete
Name: ALFONSO, DIGNA
Address: 4239 NW 4 STREET
City-St-Zip: MIAMI, FL 33126

Title: TD (X) Delete
Name: AUGUILERA, NORA
Address: 4237 NW 4 STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: AUGUILERA, NORA
Address: 4237 NW 4 STREET
City-St-Zip: MIAMI, FL 33126

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 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 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: ELISA DELAFE PD 03/18/2005

Electronic Signature of Signing Officer or Director Date