


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90283 017 ****61.25

DOCUMENT # N29012	
1. Entity Name MIAMI ART CLUB, INC.	

Principal Place of Business 8454 SW 24 STREET (CORAL WAY) WESTCHESTER MALL MIAMI FL 33155-2334 US	Mailing Address 8454 SW 24 STREET (CORAL WAY) WESTCHESTER MALL MIAMI FL 33155-2334 US
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 7795 W. Flagler St. Suite, Apt. #, etc. Suite 12 City & State Miami, FL Zip 33144 Country USA	
--	--	--	--



1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALVAREZ, MIRIAM M 8454 SW 24 STREET (CORAL WAY) WESTCHESTER MALL MIAMI FL 33155-2334		7. Name and Address of New Registered Agent Name ALVAREZ, MIRIAM M. Street Address (P.O. Box Number is Not Acceptable) 7795 W. Flagler St. Suite 12 Mall of the Americas City Miami FL Zip Code 33144

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 *Miriam M Alvarez* **4/27/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	D GONZALEZ, TOMAS 6655 S.W. 40 CT. MIAMI FL 33173 <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	T SANCHEZ, RODOLFO R 8100 SW 89 TERR MIAMI FL 33156 <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	P ALVAREZ, MIRIAM M 3600 SW 26TH STREET MIAMI FL 33133 <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	S ALVAREZ, JOSE E 3600 SW 26TH STREET MIAMI FL 33133 <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 MILIAN, LORRAINE 281 SOUTHWEST 71ST AVE MIAMI FL <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	V CARMONA, MARIA A 4400 SW 57 AVE MIAMI FL 33155 <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 Section 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: *Rodolfo R. Sanchez* **4/27/06** **(305) 412-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR