


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90003 008 ****61.25

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DOCUMENT # N50197 1. Entity Name MIAMI BOND CLUB, INC.					
Principal Place of Business 2829 BIRD AVE PMB 301 COCONUT GROVE, FL 33133			Mailing Address 2829 BIRD AVE PMB 301 COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0702543	
				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			7. Name and Address of New Registered Agent		
ANDERSON, CLAIRE 3063 CENTER STREET COCONUT GROVE, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEY, DWIGHT		NAME	BRUNO MIRANDA	
STREET ADDRESS	1511 ROBBIA AVE		STREET ADDRESS	UBS INTL	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V. PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, STEVE		NAME	MARTIN HUGHES	
STREET ADDRESS	5501 RIVIERA DR		STREET ADDRESS	ROYAL BK OF CANADA	
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERES, JULIO A		NAME	DENNIS NASON	
STREET ADDRESS	9050 SW 62 ST		STREET ADDRESS	NASON + NASON	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARNISH, STEVE		NAME	CLAIRE ANDERSON	
STREET ADDRESS	2815 SW 25 ST #2		STREET ADDRESS	2829 BIRD AVE. PMB 301	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <u>Claire Anderson</u> , TREAS. 11/7/04 305-447 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> CLAIRE ANDERSON 8777					