

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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**



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0702543** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, CLAIRE
3063 CENTER STREET
COCONUT GROVE, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIRANDA, BRUNO
STREET ADDRESS	UBS INTL
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	HUGHES, MARTIN
STREET ADDRESS	ROYAL BK OF CANADA
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	PD
NAME	VALDIVIA, RICARDO
STREET ADDRESS	BSCH INTERNATIONAL
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	T
NAME	ANDERSON, CLAIRE
STREET ADDRESS	2829 BIRD AVE. PMB 307
CITY- ST- ZIP	COCONUT GROVE, FL 33133
TITLE	S
NAME	MIRANDA, BRUNO
STREET ADDRESS	VBS INTL
CITY- ST- ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/01/06-80014-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Claire Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06
Date Daytime Phone #