

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91043 042 ****61.25

DOCUMENT # N99000001325

1. Entity Name

MIRACLES BY THE BAY, INC.



Principal Place of Business

1970 CANTERBURY CIRCLE
WELLINGTON FL 33414
US

Mailing Address

PO BOX 212254
ROYAL PALM BEACH FL 33421-2254
US

2. Principal Place of Business

3. Mailing Address

1970 CANTERBURY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WELLINGTON

City & State

City & State

WELLINGTON FLORIDA

Zip

Country

33414

U.S.A.



MOORE

CR2E037 (11/03)

4. FEI Number

65-0900565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERLINO, WILLIE
1970 CANTERBURY CIRCLE
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MERLINO, WILLIE
STREET ADDRESS 7777 NE BAYSHORE CT STE 104
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Delete
NAME LAMAR, ELISA
STREET ADDRESS 6831 S.W. 48 TERRACE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME FELIPE, AMILDA
STREET ADDRESS 505 N.E. 30 ST. APT. 604
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME SALERNO, ROLAND JR.
STREET ADDRESS 981 S.E. 20TH STREET, A-45, BOX 9
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete
NAME FELIPE, HELIER
STREET ADDRESS 471 W. 30TH PLACE
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 5613336634