2004 NOT-FOR-PROFIT CORPORATION

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91050 018 ***236.25

ANNUAL REPORT	
DOCUMENT # 707557	A

SIGNATURE:

1. Entity Name NONNIE SI	UE INC., A CONDOMINIUM				
Principal Place of 543 MERIDIAN MIAMI BEACH,	AVENUE	Mailing Address 628 6TH STREET 2ND FLOO MIAMI BEACH, FL 33139	R		
	ce of Business	3. Mailing Address 7 3 (A)	Street		
_543 Suite, Apt. #	MERIDIAN AVE	Suite, Apt, #, etc.	JIV CC.	04212004 Chg-NP	CR2E037 (10/03)
City & State	ani BEACH FL	City & State City & State City & State	XH TI	4. FEI Number 59-6169446	Applied For Not Applicable
33130	Gountry A		Country A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New R	
	REET 2ND FLOOR		Name REGI Street Address	AHA REAL ES s (P.O. Box Number is Not Acceptable	STATE Mgmt In
MIAM! BEA	CH, FL 33139		309 -	2310 Street	STEH 3B
			Mu	MU BEACH	FL 2939 139
	named entity submits this statement for tons of registered agent.	he purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fk	orida. I am familiar with, and accept
SIGNATURE _	Signature, typed or printed name of registered agentian	ctitia if applicable. (NOTE: Regis	stered Agent signature requ	fred when reinstating)	64/22/84 6ATE
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaig Trust Fund Contri		THE PARTY OF THE P	lake check payable to ida Department of State
: 10.	OFFICERS AND DIRE	CTORS	11	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 10
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME CTRCCT ADDRESS	MARTINES, ALFRED		NAME		
STREET ADDRESS CITY-ST-ZIP	543 MERIDIAN AVENUE MIAMI BEACH, FL 33139		STREET ADDRESS CITY-ST-ZIP		,
TITLE	DS DS		TITLE		☐ Change ☐ Addition
NAME	GOMEZ, AMERICA		NAME		
STREET ADDRESS	543 MERIDIAN AVENUE		STREET ADDRESS	·	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
NAME	DT MENN, KURT	Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	543 MERIDIAN AVENUE		STREET ADDRESS		i
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	AT WORK THE	☐ Delete	TITLE		
NAME STREET ADDRESS	VODA, TIM 628 6TH-STREET-2ND-FLOOR		NAME STREET ADDRESS	189-235RS4,	# 3B
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	1 00- 75,	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		
NAME		∟ Delete	TITLE . ,		☐ Change ☐ Addition
STREET ADDRESS	* * * *	· · , *··	STREET ADDRESS		
CMY-ST-ZIP		· ·	CITY-ST-ZIP		
12. I hereby indicated of the corchanged	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empor, or on an attachment with an address, or	this filing does not qualify for the true and accurate and that my s wered to execute this report as a with all other like empowered.	exemption stated i ignature shall have equired by Chapter	n Section 119.07(3)(i), Florida Statutes the same legal effect as if made unde 617, Florida Statutes; and that my name	s. I further certify that the information r oath; that I am an officer or director me appears in Block 10 or Block 11 if