


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90455 016 \*\*\*\*61.25

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT# 707577</b>   |  |   |  |
| 1. Entity Name<br>JEFFERSON PARK, INC., A CONDOMINIUM   |  |  |  |
| Principal Place of Business<br>1498 JEFFERSON AVE<br>MIAMI BEACH, FL 33139 US   |  | Mailing Address<br>C/O GALIANA MANAGEMENT<br>PO BOX 453436<br>MIAMI, FL 33139 US   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address<br>C/O GALIANA MANAGEMENT   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br>801 S.W. 3 AVENUE #305  |  |
| City & State  |  | City & State<br>MIAMI, FL.   |  |
| Zip   | Country  | Zip  | Country  |
| 33130   | USA  | 33130  | USA  |
| 4. FEI Number<br>59-1104478   |  | Applied For<br><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<br>GALIANA MANAGEMENT<br>C/O MIRIAM GALIANA<br>250 SW 21 RD<br>MIAMI, FL 33129  |  | 7. Name and Address of New Registered Agent<br>Name<br>GALIANA MANAGEMENT SERVICES, INC.<br>Street Address (P.O. Box Number is Not Acceptable)<br>801 S.W. 3 AVENUE #305<br>City<br>MIAMI<br>FL<br>Zip Code<br>33130 |  |
| 8. The above named entity reports 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: <i>Miriam Galiana</i> <i>Miriam Galiana Corp</i> 4/22/04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when _____ instating) DATE</small>   |  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |  | 9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>GILMAN, LEONARD<br>1498 JEFFERSON AVE #503<br>HIALEAH, FL 33139 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>BERNSTEIN, BERTHA<br>1498 JEFFERSON AVENUE #206<br>MIAMI BEACH, FL. 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TS<br>SANTANA, MARIA<br>1498 JEFFERSON AVENUE #408<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>GILMAN, LEONARD<br>1498 JEFFERSON AVE. #503 (Deleted)<br>MIAMI BEACH, FL. 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>GLASSMAN, ALI<br>1498 JEFFERSON AVE 407<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>MATTHEW WIENER<br>1498 Jefferson Ave. 505-A<br>MIAMI Beach - FL. 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>BORSKY, JAY<br>1498 JEFFERSON AVE APT 508-A<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>EVERETTE MEARS<br>1498 Jefferson Ave. # 406<br>MIAMI Beach - FL. 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>CHELALA, MARIAE<br>1498 JEFFERSON AVE APT 208<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>Director<br>CHELALA, MARIA<br>1498 JEFFERSON AVENUE #208<br>MIAMI BEACH, FL. 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>ARENAS, CAROLINE<br>1498 JEFFERSON #203<br>MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 the 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 keep powered. |  |  |  |
| SIGNATURE: <i>Maria D. Santana</i>  |  | Date: 4/13/04 Daytime Phone #: 305-854-2138  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>MARIA D. SANTANA, SECY/TREAS  |  |  |  |