


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 707621
 1. Entity Name
 THE SHORES CONDOMINIUM, INC.



Principal Place of Business Mailing Address
 1700 NORTHEAST 105TH STREET 1700 NORTHEAST 105TH STREET
 MIAMI, FL 33138 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE



04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1095398 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARQUEZ, ESTHER
 1700 N.E. 105 STREET
 UNIT 416
 MIAMI, FL 33138

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: *x Esther Marquez* DATE: *x 4/15/04*

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

Filing Fee is \$61.25
Due by May 1, 2004

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

000000117892
 04/19/04-20038-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUEZ, ESTHER 1700 NE 105 STREET, #416 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REESE, SHANNON 1700 NE 105 STREET #507 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GAMAYO, JOSUE 1700 NE 105 STREET, #407 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD PAYTON, LUCRETIA 1700 NE 105 STREET #113 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST CALLAHAN, WJ 1700 NE 105 ST., #419 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *x Esther Marquez* DATE: *x 4/15/04* Daytime Phone #: *305.893.6741*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR