


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90039 008 ****61.25

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DOCUMENT # 709558			
1. Entity Name 1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.			
Principal Place of Business 1100 ALTON ROAD APT. #2-F MIAMI BEACH, FL 33139 US		Mailing Address % CARL FISHER 108 P.O. BOX 398806 MIAMI BEACH, FL 33239-8806	
2. Principal Place of Business 1100 ALTON ROAD		3. Mailing Address	
Suite, Apt. #, etc. APT. # 2B		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State	
Zip 33139	Country US	Zip	Country
6. Name and Address of Current Registered Agent COMESANS TIBSE, MELISSA 1100 ALTON ROAD APT. #2-F MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name COMESANAS - TIRSE, MELISSA Street Address (P.O. Box Number is Not Acceptable) 1100 ALTON ROAD APT. # 2B City MIAMI BEACH FL Zip Code 33139	
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: <i>Melissa Comesanas</i> PRESIDENT COMESANAS - TIRSE MELISSA 2/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMESANAS-TIRSE, MELISSA 1100 ALTON RD 2-B MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ-PETERSON, ARANZAZU 1100 ALTON RD #3-E MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUSSPIEGEL, IRLENE 100 ALTON RD. #5A MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZINI, LUCA 1100 ALTON RD #3E MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <i>Melissa Comesanas</i>		Date: 2/7/05 305-609 8514 Daytime Phone	