


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 709558</b><br>1. Entity Name<br>1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1100 ALTON ROAD<br>APT #3E<br>MIAMI BEACH, FL 33139 US | Mailing Address<br>% CARL FISHER 108<br>P.O. BOX 398806<br>MIAMI BEACH, FL 33239-8806 |
|---|---|



03312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-1142913                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

ZINI, LUCA  
 1100 ALTON ROAD  
 APT #3E  
 MIAMI BEACH, FL 33139

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ZINI, LUCA<br>1100 ALTON RD #3-E<br>MIAMI BEACH, FL 33139               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GASPARINI, GUILLERMO<br>1100 ALTON RD #3-C<br>MIAMI BEACH, FL 33139     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HAUSSPIEGEL, IRLENE<br>100 ALTON RD, #5A<br>MIAMI BEACH, FL 33139        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>LOPEZ-PETERSON, ARANZAZU<br>1100 ALTON RD #3E<br>MIAMI BEACH, FL 33139 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000690829  
 04/12/07-80005-025 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** Guillermo Gasparini **3/31/07** (305) 672-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #