2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 709638

1. Entity Name
1035 MERIDIAN CONDOMINIUM INCORPORATED

Principal Place of Business	Mailing Address
1035 MERIDIAN AVE. MIAMI BEACH, FL 33139	1035 MERIDIAN AVE. #7 MIAMI BEACH, FL 33139

07062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2662398
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DENIO
1035 MERIDIAN AVE.
APT 7
MIAMI BEACH, FL 33139

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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 Denio Perez 7/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VOLENEC, RUDY
STREET ADDRESS	1035 MERIDIAN AVE, APT 1
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	M
NAME	TORRES, ANGELICA
STREET ADDRESS	1035 MERIDIAN AVE., #1
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	TSD
NAME	DENIO PEREZ
STREET ADDRESS	1035 MERIDIAN AVE #7
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	LANZA, ANGELO
STREET ADDRESS	1035 MERIDIAN AVENUE # 12
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD
NAME	RAMOS, LUIS
STREET ADDRESS	1035 MERIDIAN AVE, APT 4
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/05-80001-001 61.25

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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: Denio Perez 7/5/05 305-558-3724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #