


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90039 001 ****61.25

DOCUMENT # 712224

1. Entity Name
1475 TERRA TOWERS CONDOMINIUM, INC.



Principal Place of Business 1475 N.E. 125TH TERR. NO. MIAMI, FL 33161	Mailing Address SUNRAE MANAGEMENT SERVICES, INC. 7071 W COMMERCIAL BOULEVARD STE #2-B TAMARAC, FL 33319
---	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1159693	Applied For <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		7. Name and Address of New Registered Agent	
BUSCH, KAREN C/O SUNRISE MANAGEMENT 7071 W. COMM BLVD STE 28 TAMARAC, FL 33319		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2004	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	D	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DRIZ, ADEBUDA			NAME	JOSEPH MAXCINE		
STREET ADDRESS	1475 NE. 125TH TERR. #506			STREET ADDRESS	1475 NE 125TH TER. #307		
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP	NORTH MIAMI, FL 33161		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BESIANA, SOPHIA			NAME	ELAINE FRUCHTHAN		
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 606			STREET ADDRESS	1475 NE 125TH TER. #410		
CITY-ST-ZIP	NO MIAMI, FL 33161			CITY-ST-ZIP	NORTH MIAMI, FL 33161		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUTLER, MATTHEW			NAME	ADA BURIA		
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 311			STREET ADDRESS	1475 NE 125TH TER. #611		
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP	NORTH MIAMI, FL 33161		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSEPH, MAXINE			NAME			
STREET ADDRESS	1475 N.E. 125 TERRACE -SUITE 307			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI, FL 33161			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANTENEGRO, HORATIO			NAME			
STREET ADDRESS	1475 NE. 125TH TERR. #609			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESIANA, SOFIA			NAME			
STREET ADDRESS	1475 NE. 125TH TERR. #606			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP			

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: *[Signature]* **President** 2/19/04 305-674-2760

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