


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90021 041 ****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 1475 N.E. 125TH TERR. NO. MIAMI, FL 33161	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03172008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1159693		Applied For 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	
WALKER PROPERTIES LLC 2 NORTHEAST 2ND ST #302 MIAMI, FL 33137 <i>VOID</i>		Name <u>RAFAEL LOZANO</u> Street Address (P.O. Box Number is Not Acceptable) <u>1475 NE 125 terra #502A</u> City <u>North Miami</u> FL Zip Code <u>33161</u>	
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 <u>RAFAEL LOZANO</u>		DATE <u>04-14-2008</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLOMB, WILLIAM	NAME	NEWLOMB, William
STREET ADDRESS	1475 NE 125TH TERR SUITE #602	STREET ADDRESS	1475 NE 125 terra # 602A
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	North Miami, FL 33161
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, AURELIO	NAME	MARIA YEPEZ
STREET ADDRESS	1475 NE 125TH TERR SUITE 212	STREET ADDRESS	1475 NE 125 terra # 514
CITY-ST-ZIP	NO MIAMI, FL 33161	CITY-ST-ZIP	North Miami, FL 33161
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEPEZ, MARIA	NAME	RAFAEL LOZANO
STREET ADDRESS	1475 NE 125TH TERR SUITE 514	STREET ADDRESS	1475 NE 125 terra #502
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	North Miami, FL 33161
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURIA, AIDA	NAME	ANZIVINO, Lawrence
STREET ADDRESS	1475 NE 125TH TERR #611	STREET ADDRESS	1475 NE 125 terra # 602
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	North Miami, FL 33161
TITLE	D <input type="checkbox"/> Delete	TITLE	BURIA, AIDA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZONO, RAFAEL	NAME	QUINTERO, Aurelio
STREET ADDRESS	1475 NE 125TH TERR SUITE #502	STREET ADDRESS	1475 NE 125 terra # 611
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	North Miami, FL 33161
TITLE	S <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZIVINO, LAWRENCE	NAME	QUINTERO, Aurelio
STREET ADDRESS	1475 NE 125TH TERR SUITE #102	STREET ADDRESS	1475 NE 125 terra # 212
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 exemptions contained in Chapter 119, 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 another like or modified.			
SIGNATURE: <u>[Signature]</u>		Date <u>04-14-2008</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	