

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715464

FILED
Apr 25, 2008
Secretary of State

Entity Name: 801 MERIDIAN AVENUE CONDOMINIUM APARTMENTS, INC.

Current Principal Place of Business:

801 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

309 23RD STREET
SUITE 300
MIAMI BEACH, FL 33139

New Mailing Address:

PO BOX 415342
MIAMI BEACH, FL 33141

FEI Number: 59-1274805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE WALL MANAGEMENT CORP
1440 J.F. KENNEDY CSWY
SUITE 429-C
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: RANDOLPH, TREVIS
Address: 801 MERIDIAN AVE #3A
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: GONZALEZ, DIANA
Address: 801 MERIDIAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: RODRIGUEZ, CARLOS
Address: 801 MERIDIAN AVE #5D
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: KOELMANN, BENJAMIN
Address: 801 MERIDIAN AVE #4B
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLANDO DE LUIZ

RA

04/25/2008

Electronic Signature of Signing Officer or Director

Date