


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90024 044 ****61.25

DOCUMENT # 715795

1. Entity Name
 12590 CORONADO TOWERS CONDOMINIUM, INC.



Principal Place of Business
 12590 N.E. 16 AVENUE
 NORTH MIAMI, FL 33161

Mailing Address
 12590 N.E. 16 AVENUE
 NORTH MIAMI, FL 33161

44016707



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03012004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-1288731

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

HENRY, TOM
 12590 N.E. 16TH AVE
 #305
 NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name **JAMES EDWARDS**
 Street Address (P.O. Box Number is Not Acceptable)
12590 NE 16 AVE # 601
 City **NORTH MIAMI** FL Zip Code **33161**

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. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM, HENRY 12590 NE 16 AVE #305 N MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRA N. LACK 12590 NE 16 AVE #208 N. MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES EDWARDS 12590 NE 16 AVE # 601 N. MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAIMA OWENS 12590 NE 16 AVE # 404 N. MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANWA SOEKDOO 12590 NE 16 AVE # 211 N. MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Renee TAMBUZZI 12590 NE 16 AVE # 501 N MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT ROLANTI 12590 NE 16 AVE # 306 N. MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: James Edwards

Date: 3/01/04 Daytime Phone #: 305 895 2977

JAMES EDWARDS (TREASURER)