

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90275 037 ****61.25



DOCUMENT # 717062
1. Entity Name
THREE HORIZONS, EAST, CONDOMINIUM, INC.

Principal Place of Business Mailing Address
12500 N.E. 15 AVENUE 2500 NW 97 AVE
N. MIAMI FL 33161 200
US MIAMI FL 33172

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-1438436 Not Applicable

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

6. Name and Address of Current Registered Agent
SPM GROUP INC
2500 NW 97TH AVE
200
MIAMI FL 33172

7. Name and Address of New Registered Agent
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 _____

**FILE NOW: 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	PD	<input checked="" type="checkbox"/> Delete
NAME	FLOREZ, ANA	
STREET ADDRESS	12500 N.E. 15 AVENUE, #516	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEMAN, OSCAR	
STREET ADDRESS	12500 N.E. 15 AVENUE, #516	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEMAN, RAFAEL	
STREET ADDRESS	12500 N.E. 15 AVENUE, #301	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	VACATO, BRUNO	
STREET ADDRESS	12500 N.E. 15 AVENUE, #407	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EVELYN	
STREET ADDRESS	12500 N.E. 15 AVENUE, #602	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEIL, IDA	
STREET ADDRESS	12500 N.E. 15 AVENUE, #305	
CITY-ST-ZIP	N. MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salgado-Marrero, Olin	
STREET ADDRESS	12500 NE 15 ave # 315	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Raf Aleman* 4/22/04 (305) 444-6757 X18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #