
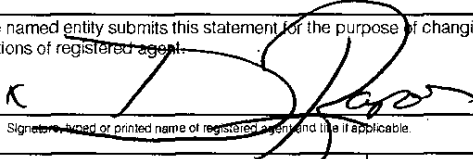
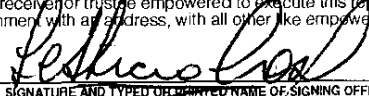


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90044 046 \*\*\*\*61.25

DOCUMENT # 717783			
1. Entity Name BAYSHORE TERRACE CONDOMINIUM, INC.			
Principal Place of Business 1455 WEST AVENUE MIAMI, FL 33139		Mailing Address 306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address 1455 West Ave 702	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami Beach	
Zip	Country	Zip	Country
33139		33139	
4. FEI Number 59-1608402		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	
<del>LESCHHORN, HILDEGARDE          306 ALCAZAR AVENUE, SUITE 303          CORAL GABLES, FL 33134</del>		Name David Raposo Street Address (P.O. Box Number is Not Acceptable) 1411 S.W. 92 Ave City miami FL Zip Code 33174	
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 		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SNODGRASS, DANIEL 1455 WEST AVE #604 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZUQUIM, SERGIO 1455 WEST AVE, #204 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AEDO, SARA 1455 WEST AVE #503 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTRO, LETICIA 1455 WEST AVE #702 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, NORMA 1455 WEST AVE #501 MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Raul Martinez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1455 West Ave #902 Miami Beach FL 33139
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: 		Date 2/22/04 3055348731 Daytime Phone #	

94022205



01072004 Chg-NP CR2E037 (10/03)