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

Mar 02, 2004 8:00 am **Secretary of State DOCUMENT # 724252** 1. Entity Name 03-02-2004 90046 001 ****61.25 VALENCIA TERRACE CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 6825 WEST FLAGLER STREET MIAMI FL 33144-2833 6825 WEST FLAGLER STREET MIAMI FL 33144-2833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1432062 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOUR DES, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 6825 W FLÄGLER ST APT 206 **MIAMI FL 33144** City 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 Signature, typed or printed name of registered agent and little if applicable DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ☐ Change ☐ Addition TITLE LOUR DES. ABRAHAM NAME NAME 6025 W FLAGLER ST #706 (SEE AGOVE) STREET ADDRESS STREET ADDRESS MIAM! FL 33144 CITY-ST-ZIP CITY-ST-ZIP VEZ, SANTIACO Change TITLE ☐ Delete TITLE RODREGUIZ, EMILEO NAME NAME W. FLARLER SE, #406 6825 W. FLAGLER ST., APT. 108 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-7IP CITY-ST-ZIP Addition TITLE TITLE Delete * GALVEZ, SANTIAGO NAME NAME 6825 W FLAGLER ST, SUITE 405 STREET ADDRESS STREET ADORESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE GUTIERREZ, MARISA NAME NAME 6825 W. FLAGLER ST. APT. 303 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE GALVEZ, LUISA NAME NAME 6825 WEST FLAGLER STREET #406 F MINS THE STREET ADDRESS STREET ADDRESS MIAMI FL 33144-2830 CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 in

LOUADES

lean SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED