
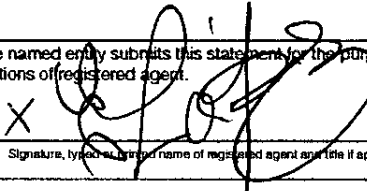
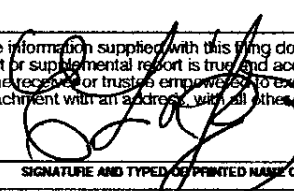


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-09-2004 90045 041 ****61.25

DOCUMENT # 724254					
1. Entity Name MADRID TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6820 WEST FLAGLER ST. MIAMI, FL 33144-2831			Mailing Address 6820 WEST FLAGLER ST. MIAMI, FL 33144-2831		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03242004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1520152 Applied For Not Applicable	
Zip		Country		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		
LOPEZ, ENRIQUE MADRID TERRACE CONDOMINIUM 6820 W FLAGLER ST MIAMI, FL 33144			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 			DATE 3/26/04		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, OSVALDO		NAME	Enrique Lopez	
STREET ADDRESS	6820 W FLAGLER APT 306		STREET ADDRESS	6820 W. Flagler St Apt. 106	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Miami, FL 33144	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESPO, CARLOS		NAME	Heberto Garcia	
STREET ADDRESS	6820 W FLAGLER APT 401		STREET ADDRESS	6820 W. Flagler St Apt. 213	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Miami, FL 33144	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, OLGA		NAME		
STREET ADDRESS	6820 W FLAGLER APT 308		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAS, RICARDO		NAME	Lidia Gonzalez	
STREET ADDRESS	6820 W FLAGLER APT 403		STREET ADDRESS	6820 W. Flagler St Apt. 210	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE 3/26/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		