


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 725464
 1. Entity Name
DOUGLAS TOWER CONDOMINIUM INC



Principal Place of Business 901 S.W. 37TH AVENUE MIAMI, FL 33135	Mailing Address 901 S.W. 37TH AVENUE MIAMI, FL 33135
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01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1467558	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
**MEDEROS, CARLOS
 901 SW 37TH AVE
 APT 54
 MIAMI, FL 33135**

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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 _____
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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAYMIR, JUAN OMAR 901 SW 37TH AVE APT 24 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, EDWARD 901 SW 37TH AVE. APT 22 MIAMI, FL 00000, 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDEROS, CARLOS 901 SW 37TH AVE APT 3 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRABIEL, ADDA 901 SW 37TH AVE APT 3 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD VALLE, ILUMINADA 901 SW 37TH AVE APT 3 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carlos Mederos **1/10/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #