


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

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 725906</b> 1. Entity Name <b>EL. MIRAMAR CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2300 SW 3RD AVE MIAMI FL 33129</b>	Mailing Address <b>C/O TPS MANAGEMENT P. O. BOX 661554 MIAMI SPRINGS FL 33266</b>
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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)

<b>6. Name and Address of Current Registered Agent</b>  <b>S.K.R.L.D. 201 ALAHAMBRA CIRCLE, STE. 1102 CORAL GABLES FL 33134</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD REY, KATHERINE</b> <input type="checkbox"/> Delete <b>2300 SW 3 AVE, APT 18 MIAMI FL 33129</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV BELMONTE, GABRIEL</b> <input type="checkbox"/> Delete <b>2300 SW 3RD AVE APT 15 MIAMI FL 33129</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TSD SOLER, OLGA I</b> <input type="checkbox"/> Delete <b>2300 SW 3RD AVE APT 03 MIAMI FL 33129</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>U00000067147</b>  <b>02/26/04-80044-008 61.25</b> </div>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Katherine Rey President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Katherine Rey

Date: **2/4/2004** Daytime Phone #: **305-593-2295**