


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90241 003 ****61.25

DOCUMENT # 729048			
1. Entity Name THE 740 BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % JOSE KATZ 169 EAST FLAGLER STREET, SUITE 827 MIAMI FL 33131		Mailing Address % JOSE KATZ 169 EAST FLAGLER STREET, SUITE 827 MIAMI FL 33131	
2. Principal Place of Business - No P.O. Box # 5800 S. LEJEUNE RD		3. Mailing Address 5800 S. LEJEUNE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL GABLES FL.		City & State CORAL GABLES FL.	
4. FEI Number 65-0581499		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent HARRIS, ELLIOTT ESQ. 111 S.W. 3RD STREET, SIXTH FLOOR MIAMI FL 33130		7. Name and Address of New Registered Agent 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	
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW FEE IS \$61.25 Due By May 1, 2008		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 KATZ, JOSE 169 E. FLAGLER ST., #827 MIAMI FL 33131 <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	VPD LOPEZ, ORESTES 169 E. FLAGLER ST., #827 MIAMI FL 33131 <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 HARRIS, ELLIOTT 111 S.W. 3RD ST., 6TH FLOOR MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: JOSE KATZ *JOSE KATZ* Date: 04/16/08 Phone: 786-202-1777