


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 731512

1. Entity Name
SALZEDO PLAZA, A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1100 SALZEDO STREET CORAL GABLES, FL 33134 US	Mailing Address 1100 SALZEDO STREET CORAL GABLES, FL 33134 US
--	--



01082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1660324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MUCCIO, LLOYD
 1100 SALZEDO ST
 APT 1D
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD, MUCCIO 1100 SALZEDO STREET 1D CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORTES, MARGOTH 1100 SALZEDO #2D CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PORTU, ANTONIO 1100 SALZEDO STREET 3A CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAY, ALICIA 1100 SALZEDO ST 2 CORAL GABLES, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUARTE, JUANA 1100 SALZEDO CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000178289
 01/12/05-80021-020 61.25

DO NOT WRITE IN THIS SPACE

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: Lloyd Muccio **1/8/2005 (305) 361-4267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #