


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90194 005 ****61.25

DOCUMENT # 735271

1. Entity Name
THE WILSHIRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1250 NE MIAMI GARDENS DR.
 N MIAMI BCH., FL 33179-1704**

Mailing Address
**1250 NE MIAMI GARDENS DR.
 N MIAMI BCH., FL 33179-1704**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

01112007 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

**KAHAN-SHIR & ASSOCIATES, PL
 1800 N.W. CORPORATE BLVD
 STE. 102
 BOCA RATON, FL 33431**

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 *Clara Schuster President* DATE 1/11/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELBORN, DANIEL	
STREET ADDRESS	1300 NE MIAMI GARDENS DR. # 521	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BIORDANO, BARBARA	
STREET ADDRESS	1300 NE MIAMI GARDENS DR., #420	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHUSTER, CLARA	
STREET ADDRESS	1300 N.E. MIAMI GARDENS DR. #614	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OBSTERSTEIN, ROBERT	
STREET ADDRESS	1200 N.E. MIAMI GARDENS DR #610	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELTZER, EVELYN	
STREET ADDRESS	1300 NE MIAMI GARDENS DR., #317	
CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DE LA TORRE, ANTONIO	
STREET ADDRESS	1200 N.E. MIAMI GARDENS DR #301	
CITY-ST-ZIP	MIAMI, FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ZEBU SHABBO - SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 NE MIAMI GARDENS DR #920	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	THAN WIEA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS CESPEDES	
STREET ADDRESS	1200 NE MIAMI GARDENS DR #1007	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY NATA	
STREET ADDRESS	1200 NE MIAMI GARDENS DR #318	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Clara Schuster President* DATE 1/11/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #