


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90373 025 \*\*\*\*61.25

**DOCUMENT # 737518**

1. Entity Name  
**MARBELLA TOWER OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**MJB Management Services, Inc.**      178TH DRIVE  
**19501 NE 10<sup>th</sup> Avenue, Suite 300**      INY ISLES  
**North Miami Beach, FL 33179**      17TH MIAMI BEACH, FL 33160 US  
*← Same*



2. Principal Place of Business      3. Mailing Address  
**19501 NE 10th Ave**      **19501 NE 10th Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 300**      **Suite 300**

03222004    Chg-NP      CR2E037 (10/03)

City & State      City & State  
**N. MIAMI BEACH FL**      **N. MIAMI BEACH FL**

Zip      Country      Zip      Country  
**33179**      **USA**      **33179**      **USA**

4. FEI Number      Applied For  
**59-2239890**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MJB Management Services, Inc.**      Name **MJB MANAGEMENT SERVICES, INC.**  
**19501 NE 10<sup>th</sup> Avenue, Suite 300**      Street Address (P.O. Box Number is Not Acceptable)  
**North Miami Beach, FL 33179**      **19501 NE 10th Ave Suite 300**  
 City      N. MIAMI BEACH      FL      City      N. MIAMI BEACH      FL      Zip Code      33179

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 **04/14/04**

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, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTONE, FRANK 200-178TH DRIVE #505 SUNNY ISLES, FL 33160 <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	VP DAVALDS, MARCELO 200-178TH DRIVE #508 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DAVALDS, MARCELO 200-178TH Drive # 508 Sunny Isles, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, JAIRO 200-178TH DRIVE #401 SUNNY ISLES, FL 33160 <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	BD DEVICCO, JOSEPHINE 200-178TH DRIVE #301 SUNNY ISLES, FL 33160 <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	BD TRAPANI, SALVATORE D 200-178TH DRIVE #602 SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Morales, Edgar 200-178 Drive # 207 Sunny Isles, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, SARAH 200 - 178TH DR. #304 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	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)(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: \_\_\_\_\_ DATE **04/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #