


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

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90022 046 ****61.25

DOCUMENT # 746396

1. Entity Name
1900 MERIDIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**1900 MERIDIAN AVE
 CONDOMINIUM MAIL BOX
 MIAMI BEACH FL 33139
 US**

**1900 MERIDIAN AVE
 CONDOMINIUM MAIL BOX
 MIAMI BEACH FL 33139
 US**



2. Principal Place of Business - No P.O. Box #
1900 Meridian Avenue
 Suite, Apt. #, etc.
condo mail box
 City & State

3. Mailing Address
1900 Meridian Avenue
 Suite, Apt. #, etc.
condo mail box
 City & State

1st MOORE CR2E037 (10/07)

Miami Beach Florida
 Zip *33139* Country *USA*

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 Zip *33139* Country *USA*

4. FEI Number **59-2018313**

Applied For
 Not Applicable

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

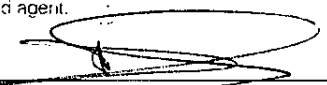
6. Name and Address of Current Registered Agent

**ASTIGIANO, DANILO
 1900 MERIDIAN AVE.
 MIAMI BEACH FL 33139**

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 *3/12/08*

Signature (typed or printed name of registered agent and filer, if applicable) (NOTE: Registered Agent Signature is required when reappointing)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2008**

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

**Make Check Payable to
 Florida Department of State**

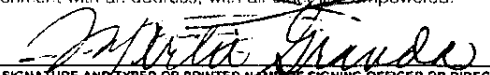
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	SCHNAIDER, BORIS	1900 MERIDIAN AVE. #503	MIAMI BCH FL 33139	<input type="checkbox"/>
T	GRANDA, MIRTA	1900 MERIDIAN AVE #501	MIAMI BCH FL 33139	<input type="checkbox"/>
S	GONZALEZ, YOLANDA	1900 MERIDIAN AVE. #404	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  (Treasurer) 3/13/08 331321609