2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747350

City-St-Zip:

MIAMI, FL 33157

FILED Apr 29, 2005 Secretary of State

Entity Name: HERITAGE SQUARE ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 17000 SW 94 AVE MIAMI, FL 33157 US **Current Mailing Address: New Mailing Address:** P.O. BOX 571140 MIAMI, FL 332571140 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVID A KOBRIN P.A 8900 SOUTHWEST 107 AVE SUITE 206 MIAMI, FL 331761451 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WEST, YVONNE Name: Name: Address: 17160 SW 94 AVE, UNIT 604 Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip: Title: **VPAS** () Delete Title: () Change () Addition Name: ARGUELLO, AURORA Name: Address: 9400 SW 170 ST. UNIT 102 Address: City-St-Zip: MIAMI, FL US City-St-Zip: Title: () Delete Title: () Change () Addition ROSS, BEVERLY Name: Name: 1770 SW 94 AVE #804 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH R PADRON PA 04/29/2005