


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90687 008 ****61.25

DOCUMENT # 747627			
1. Entity Name 1155 BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % NORMAN SHAPIRO 1155 98TH STREET APT 1 BAY HARBOR ISLAND FL 33154		Mailing Address % NORMAN SHAPIRO 1155 98TH STREET APT 1 BAY HARBOR ISLAND FL 33154	
2. Principal Place of Business 1155 - 98th St		3. Mailing Address	
Suite, Apt. #, etc. APT - 1		Suite, Apt. #, etc.	
City & State BAY HARBOR ISL, FLA		City & State	
Zip 33154		Country	
Country		Country	
4. FEI Number 59-2349205		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLLAND, FRANK ESQ 12865 W DIXIE HWY N. MIAMI FL 33160		7. Name and Address of New Registered Agent Name: SAME 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SHAPIRO, TILLIE 1155 98TH ST BAY HARBOR ISL FL 30154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAPIRO, NORMAN 1155-98 St APT 1 BAY HARBOR ISL, FLA 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHAPIRO, NORMAN 1155 98TH ST BAY HARBOR ISL FL 30154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JERI MITRANI STD 1155-98 St APT 3 BAY HARBOR ISL, FLA 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITRANI, JERI 1155 98TH ST. BAY HARBOR ISL FL 30154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARY FABRIKANT 1155-98 St APT 3 BAY HARBOR ISL, FLA 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMBINSKI, RITA 1155 98 ST. BAY HARBOR ISL FL 30154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TILLIE SHAPIRO 1155-98 St APT 1 BAY HARBOR ISL, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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: Norman Shapiro, Pres. Date: 4/27/04 Daytime Phone #: 305-865-5983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR