2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761087

1. Entity Name
FINANCIAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
848 BRICKELL AVENUE SUITE 1000 MIAMI, FL 33131 US	C/O 848 BRICKELL AVENUE SUITE 1000 MIAMI, FL 33131 US

2. Principal Place of Business
407 Lincoln Road
Suite, Apt. #, etc. *Suite 502*
City & State *Miami Beach, FL*
Zip *33139* Country

3. Mailing Address
407 Lincoln Road
Suite, Apt. #, etc. *Ste 502*
City & State *Miami Beach, FL*
Zip *33139* Country

01092004   Chg-NP   CR2E037 (10/03)

4. FEI Number
59-2158585

Applied For
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
MURAI, WALD AND BIONDO % MURAI, RENE V. 25 SE 2ND AVE MIAMI, FL 33131	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 _____

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	D MUNOZ, GONZALO 848 BRICKELL AVENUE SUITE 1000 MIAMI, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARACH, TELVA 848 BRICKELL AVENUE SUITE 1000 MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, JOSE 848 BRICKELL AVENUE SUITE 1000 MIAMI, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ANGEL 407 LINCOLN RD SUITE 502 MIAMI, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ, GONZALO 407 LINCOLN RD SUITE 502 MIAMI, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: _Angel S. C_   _Angel Torres_   _1/15/04_   (305) 672-0205

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