

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766295

FILED
Apr 01, 2005
Secretary of State

Entity Name: MILAM 31 EXPO CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
SUITE 4440
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 S. ;BISCAYNE BLVD.
SUITE 4440
MIAMI, FL 33131

New Mailing Address:

200 S. BISCAYNE BLVD.
SUITE 4440
MIAMI, FL 33131

FEI Number: 59-2201288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOPP, HAROLD
200 S BISCAYNE BLVD #4440
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CHOPP, HAROLD
200 S BISCAYNE BLVD
SUITE 4440
MIAMI, FL 33131 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:

04/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CHOPP, HAROLD,
Address: 200 S BISCAYNE STE #4440
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CHOPP, JOHNATHAN B.
Address: 200 S. BISCAYNE , SUITE 4440
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SMITH, ALLEN
Address: 200 S BISCAYNE BLVD SUITE 4440
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HAROLD CHOPP

PSD

04/01/2005

Electronic Signature of Signing Officer or Director

Date