

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001484

1. Entity Name

**THE COSMOPOLITAN RESIDENCES ON SOUTH BEACH
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**110 WASHINGTON AVE.
MIAMI BEACH, FL 33139**

Mailing Address

**110 WASHINGTON AVE.
MANAGEMENT OFFICE
MIAMI BEACH, FL 33139**



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1110451

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIEGFRIED RIVERA, LERNER, DE LA TORRE, SOBEL
201 ALHAMBRA CIRCLE
1102
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POSNER, GERALD
STREET ADDRESS	110 WASHINGTON AVE UNIT 2401
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T
NAME	SCIAMMAS, FRED
STREET ADDRESS	110 WASHINGTON AVE UNIT 2607
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	SANCHEZ, OSCAR
STREET ADDRESS	110 WASHINGTON AVENUE, 2606
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/08-80025-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

X K. D. S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 305.535.1280
Date Daytime Phone #