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05-02-2003 90234 031 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000005818
 1. Entity Name
PENN PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
~~7010 SW 48TH LANE~~
~~MIAMI FL 33155~~
1027 PENNSYLVANIA OVE.
M. BEACH FL 33139

Mailing Address
~~7010 SW 48TH LANE~~
~~MIAMI FL 33155~~
348 Washington
AV. # 203
H. BEACH FL
33139

2. Principal Place of Business
idem

3. Mailing Address
idem

Suite, Apt. #, etc.

City & State

Zip Country

55050466

CHECK HERE IF MAKING CHANGES

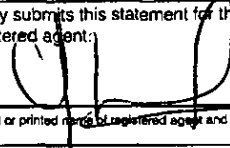
4. FEI Number **65-1138272** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHERMAN, THOMAS G
218 ALBERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **Caroline Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable)
1027 PENNSYLVANIA AVE # 102
Miami Beach FL 33139
 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  (NOTE: Registered Agent signature required when resigning) DATE **5-24-03**

FILE NOW: FEE IS \$61.25

8. 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

TITLE NAME	PD REBOUL, JEAN-CLAUDE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7010 SW 48TH LANE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE NAME	STD REBOUL, EVELYNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7010 SW 48TH LANE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE NAME	VD GIRAUD, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7010 SW 48TH LANE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P SEAN YARBEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1027 PENNSYLVANIA OVE. # 201	
CITY-ST-ZIP	M. BEACH FL 33139	
TITLE NAME	VP-T CAROLINE GONZALEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1027 PENNSYLVANIA OVE. # 102	
CITY-ST-ZIP	H. BEACH FL 33139	
TITLE NAME	S MIA STRINGFIELD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1027 PENNSYLVANIA OVE. # 206	
CITY-ST-ZIP	H. BEACH FL 33139	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **07/28/03** DAYTIME PHONE # **305673 0881**

CR2E037 (10/02)