
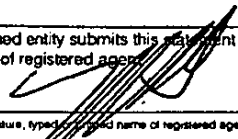
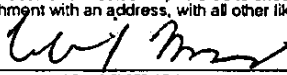


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90056 030 ****61.25

| | | | | | |
|---|----------------------|---|--|--|-----------------------------------|
| DOCUMENT # N03000010124 | | | |  | |
| 1. Entity Name EAST MEDLEY BUSINESS PARK CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business P.O. BOX 228055 MIAMI FL 33122 | | Mailing Address P.O. BOX 228055 MIAMI FL 33122 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 16-1702177 AP-PLIED FOR | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AIBEL, JONATHAN E 6463 SW 107TH STREET MIAMI FL 33156 | | | 7. Name and Address of New Registered Agent Name: <u>MP Property Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>Attn: Myriam Palacios</u> <u>2000 NW 87 Avenue #32</u> City: <u>Miami</u> FL Zip Code: <u>33172</u> | | |
| 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: <u>03-10-2005</u> | | |
| <p>FILE NOW: FEE IS \$61.25 Due By: May 1, 2005</p> | | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> | | <p>Make Check Payable to: Florida Department of State</p> | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AIBEL, JONATHAN E | | NAME | | |
| STREET ADDRESS | 6463 SW 107TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ARCE, LORENZO E | | NAME | | |
| STREET ADDRESS | 6463 SW 107TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MIRANDA, WILLIAM J | | NAME | | |
| STREET ADDRESS | 5981 SW 138TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u>2/8/05</u> DAYTIME PHONE #: <u>305-883-1920</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE DAYTIME PHONE # | | |

00003000



1st MOORE CR2E037 (10/04)

AP-PLIED FOR

03-10-2005