

5 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # N03000010124



MAY 27 2005

FILED

05 MAY 23 AM 11:11



1. Entity Name
EAST MEADOW 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.

City & State

Zip Country Zip Country

05122005 Chg-NP CR2E037 (10/03)

4. FEI Number
16-1702177

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

MP PROPERTY MGMT
ATTN: MYRIAM PLACIOS
2600 NW 87 AVE #32
MIAMI, FL 33172

Name
Street Address (P.O. Box Number is Not Acceptable)
City

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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	PD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AIBEL, JONATHAN E			NAME	Blanco, Raineria		
STREET ADDRESS	6463 SW 107TH STREET			STREET ADDRESS	8105 NW 74 Avenue Unit 2		
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	Miami, FL 33166		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARCE, LORENZO E			NAME	Gullery, Ldy		
STREET ADDRESS	6463 SW 107TH STREET			STREET ADDRESS	5430 SW 97 Avenue		
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	Miami, FL 33165		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MIRANDA, WILLIAM J			NAME	Placios, Myrian		
STREET ADDRESS	5981 SW 136TH STREET			STREET ADDRESS	PO BOX 228055		
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	Miami FL 33122		
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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR