

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


FILED

2008 JUL 21 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000002490

1. Entity Name
2645 DOUGLAS PROFESSIONAL OFFICE CENTER
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 396 ALHAMBRA CIRCLE 230 MIAMI, FL 33134	Mailing Address 396 ALHAMBRA CIRCLE 230 MIAMI, FL 33134
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2. Principal Place of Business - No P.O. Box # 12301 SW 132 Ct	3. Mailing Address 12301 SW 132 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State FL
Zip 33186	Country USA
Zip 33186	Country



06232008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

ROLLNICK, NEIL S
2525-PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134

4. FEI Number
20-2963886

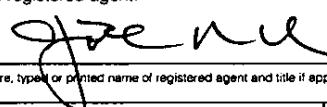
Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name: Jonathan R. Rubin, P.A.
Street Address (P.O. Box Number is Not Acceptable): 9360 Sunset Drive, # 220
City: Miami FL Zip Code: 33173

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: 6/23/08

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

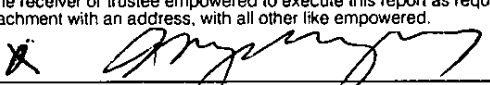
TITLE	S	<input type="checkbox"/> Delete
NAME	KAPLAN, JACK	
STREET ADDRESS	2601 S BAYSHORE DR SUITE 200	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	NUZEZ, MIGUEL	
STREET ADDRESS	2645 SW 37TH AVE STE 600	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONES, HARRIS	
STREET ADDRESS	2645 SW 37TH AVE STE 502	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

07/24/08--01031--001 **61.25
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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:  DATE: 7/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR