
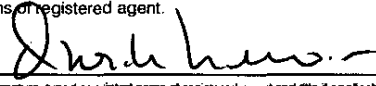



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90075 029 \*\*\*\*61.25

<b>DOCUMENT # N26853</b>			
1. Entity Name <b>THE 300 BUILDING CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 300 SW 107 AVENUE MIAMI, FL 33174		Mailing Address 400 SW 107 AVENUE 312 MIAMI, FL 33174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>MARTINEZ ERNESTO X</del> 300 SW 107 AVENUE MIAMI, FL 33174		Name <b>ONEIDA MORENO</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>400 S.W. 107th Ave. Ste 312</b>	
		City <b>Miami</b>	
		FL Zip Code <b>33174</b>	
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 <b>3/17/2004</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
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	ALVAREZ, JESUS	NAME	
STREET ADDRESS	300 SW 107 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ERNESTO	NAME	
STREET ADDRESS	300 SW 107 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	<del>XX</del> Treasurer/D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYLE, JORGE	NAME	
STREET ADDRESS	300 SW 107 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ana Calatayud	NAME	
STREET ADDRESS	531 S.W. 101 Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Perez Medrano	NAME	
STREET ADDRESS	300 S.W. 107th # 205	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neit Ojeda	NAME	
STREET ADDRESS	300 S.W. 107th Ave. # 101	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	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 the empowered.			
SIGNATURE: 		DATE: <b>3/16/2004</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Layle Jorge Layle</b>		Daytime Phone # <b>(305) 220-5684</b>	