


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90040 050 ****61.25

DOCUMENT # N26853							
1. Entity Name THE 300 BUILDING CONDOMINIUM ASSOCIATION, INC.							
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	4. FEI Number NOT APPLICABLE			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MORENO, ONEIDA 400 S.W. 107TH AVE., STE. 312 MIAMI, FL 33174			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 <i>[Signature]</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>4/4/2005</u>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAYLE, JORGE		NAME	<i>TID Ernesto Martinez</i>			
STREET ADDRESS	300 SW 107 AVENUE		STREET ADDRESS	<i>300 S.W. 107 Ave. Ste. 210</i>			
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	<i>Miami, FL 33174</i>			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CALATAYUD, ANA		NAME	<i>SID Carlos Acosta</i>			
STREET ADDRESS	531 S.W. 101 COURT		STREET ADDRESS	<i>300 S.W. 107 Ave. Ste. 208</i>			
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	<i>Miami, FL 33174</i>			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MEDRANO, PEDRO PEREZ		NAME				
STREET ADDRESS	300 S.W. 107TH #205		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OJEDA, NEIT		NAME				
STREET ADDRESS	300 S.W. 107TH AVE. #101		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33174		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: <i>[Signature]</i>		Jesus Alvarez		4/4/2005 (305) 220-5684			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President		Date Daytime Phone #			