


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90036 022 \*\*\*\*61.25

<b>DOCUMENT # N30434</b>			
1. Entity Name <b>PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>199 SOUTHWEST 12TH AVENUE MIAMI FL 33130-8056</b>		Mailing Address <b>199 SOUTHWEST 12TH AVENUE MIAMI FL 33130-8056</b>	
2. Principal Place of Business		3. Mailing Address <b>175 Fontainebleau Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 2-E</b>	
City & State		City & State <b>Miami, Fl. 33172</b>	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>RAMOS, CESAR 199 SOUTHWEST 12TH AVENUE #513 MIAMI FL 33130-8056</b>		7. Name and Address of New Registered Agent Name <b>ELISEO FERRER</b> Street Address (P.O. Box Number is Not Acceptable) <b>175 Fontainebleau Blvd. -Suite 2-E</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33172</b>	
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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 Eliseo Ferrer  DATE 2/3/4

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

<b>FILE NOW: FEE IS \$61.25</b> <b>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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOTO, MARIA 199 S.W. 12TH AVE., #511 MIAMI FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILFREDO TRETO 199 SW 12 Ave. #509 Miami, Fl. 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDINA, LEON 199 SW 12 AVE #515 MIAMI FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Yudaisy B. Hernandez 199 SW 12 Ave. #303 Miami, Fl. 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMOS, CESAR 199 SW 12TH AVE #513 MIAMI FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gladys Mandado 199 SW 12 Ave. #503 Miami, Fl. 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olivia Morales 199 SW 12 Ave. #504 Miami, Fl. 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dolores Camacho 199 SW 12 Ave. #304 Miami, Fl. 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wilfredo Treto  DATE 02/05/04 305-226-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #