

2005 NOT-FOR-PROFIT CORPORATION D ANNUAL REPORT

APPROVAL
AND
FILED

06 JAN 10 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N30434					
1. Entity Name PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 199 SOUTHWEST 12TH AVENUE MIAMI, FL 33130-8056			Mailing Address 175 FONTAINEBLEAU BLVD. STE. 2-E MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		199 SW 12 th Avenue			
City & State		Suite, Apt. #, etc.		11302005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0114982	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		33130		USA	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERRER, ELISEO 175 FONTAINEBLEAU BLVD. STE. 2-E MIAMI, FL 33172			Name <u>Ramos-Ferrer, Cesar</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>199 SW 12th Avenue</u>		
			<u># 513</u>		
			City <u>Miami</u> FL Zip Code <u>33130</u>		
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		<u>RAMOS-FERRER, CESAR</u>		<u>12/01/05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
		<input type="checkbox"/> Trust Fund Contribution.		Make check-payable to Florida Department of State	
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	D SOTO, MARIA 199 SW 12 th AVE., #511 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRETU, WILFREDO 199 SW 12 AVE., #509 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS-FERRER, CESAR 199 SW 12 th AVE., #513 MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, YUDAISSY B 199 SW 12 AVE. #303 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200064582832 01/26/06--01058--001 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUZ, MABEL 199 SW 12 AVE #506 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, OLIVIA 199 SW 12 AVE. #504 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHENCOURT # ERBERTO 199 SW 12 th AVE. # commercial unit MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMACHO, DOLORES 199 SW 12 AVE., #304 MIAMI, FL 33130	<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:		<u>RAMOS-FERRER, CESAR</u>		<u>12/01/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # <u>305-325-9738</u>	