
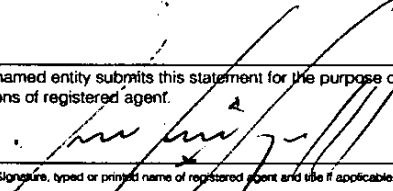
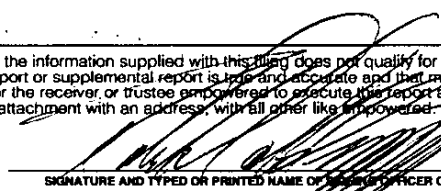


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 015 ****61.25

DOCUMENT # N95000005449					
1. Entity Name MIAMI AIR/WEST TRADE CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5561 NW 74 AVE MIAMI, FL 33166 US			Mailing Address 435 SW 123RD AVE MIAMI, FL 33184 US		
2. Principal Place of Business		3. Mailing Address 7310 NW 56 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL			
Zip	Country	Zip 33166	Country US	08192005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent C R MANAGEMENT & INVESTMENTS, INC 435 SW 123RD AVE MIAMI, FL 33184				7. Name and Address of New Registered Agent Name: <u>Guillermo Leyva</u> Street Address (P.O. Box Number is Not Acceptable): <u>7310 NW 56 Street</u> City: <u>Miami</u> FL Zip Code: <u>33166</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: 				DATE: <u>8/19/05</u>	
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. <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 NAME STREET ADDRESS CITY-ST-ZIP	SD CAPUTO, DENIS 5575 NW 74 AVE MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEYVA, GUILLERMO 7310 NW 56 STREET MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALDERIN, ROBERTO 5561 NW 74 AVE MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARVELO, ALFONSO 16972 NW 19 STREET PEMBROKE PINES, FL 33302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGO, PABLO 7314 NW 56 ST MIAMI, FL 33166	<input type="checkbox"/> Delete			
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: 				Date: <u>8/19/05</u> Daytime Phone #: <u>(305) 885-7870</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR					

50062936

