## **2005 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOOL IN 45 NT " NO 700005 405



FILED Jun 22, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE T ROSELL, SANDRA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE T ROSELL, SANDRA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE D Delete TITLE Change Additional Change Addition	1. Entity Nam	MENT # N970000054 SHORES CONDOMINIUM AS					-22-2005 9	•			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signature and Address of Current Registered Agent  To Name and Address of Swite Registered Agent  FEIN, STEVEN ESQ 900 SOUTH STATE RD 7 PLANTATION, FL 33317  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Interest Acceptable (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Interest Acceptable (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Box Number is Not Acceptable)  Interest Acceptable (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Box Number is Not Acceptable)  Interest Acceptable (P.O. Box Number is Not Acceptable)  Street Acceptable (P.O. Box Number is Not Acceptable)  Interest Acceptable (P.O. Box Number is Not Acceptable	2903 NE 16	3 STREET	275 FOUNTAINBLEAU E #200	BLVD		1 (0 10) 81 812 1861 (1	<b>1</b>    15    54    15				
City & State  Surcet Address of Status Desired  Surcet Address of New Registered Agent  7. Name and Address of New Registered Agent  Fee Required  Surcet 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 acceptable to the obligations of registered agent.  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  P. Country  Signature included when required Agent with address (P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by May 1, 2005  P. Election Compition  Address of P.O. Box Number is Not Acceptable)  Filing Fee is \$61.25  Due by Ma	2. Principal F	Place of Business	3. Mailing Address	ailing Address							
Space   Spac			Suite, Apt. #, etc.			01102005 Chg-NP CR2E037 (10/03)					
S. Corrilcate of Status Desired   Fee Required   Fe	City & State C		City & State	City & State		4. FEI Number 59-3502796	3		·		
FEIN, STEVEN ESQ 900 SQUTH STATE RD 7 PLANTATION, FL 33317  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 accepted to the obligations of registered agent.  SIGNATURE    Signature, typed or private name of registered agent and title if applicable. (NOTE Registered Agent signature required when recessing)    PATE	Zip										
SCOUTH STATE RD 7 PLANTATION, FL 33317  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    Signature, upond or printed harmout registered agent and tile of applications.   (NOTE: Registered Agent circulars drawn drive registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		6. Name and Address of Current R	Name								
SIGNATURE  FILING  Signature, typed or printed name of registered agent and steel applicable.  ONTE Registered Agent (or both, in the State of Florida. I am familiar with, and acception of registered agent.  ONTE Registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent.  SIGNATURE  FILING  FILING  FILING  FILING  FOR INTERPORT OF INTERPORT OF PROPERTY AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  POARGAS, H. RICK  STREET ADDRESS  CITY-ST-ZIP  TITLE  VARGAS, H. RICK  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33172  TITLE  TITLE  TO Delete  TITLE  NAME  PACHECO, SANDRA  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33172  TITLE  TITLE  TO Delete  TITLE  TO DELETE TO THE TITLE  TO THE TITLE  TO DELETE TO THE TITLE  TO THE	900 SOUTH STATE RD 7 PLANTATION, FL 33317										
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 acception to bligations of registered agent.  SIGNATURE    Signature, typed or protect name of registered agent and see if apolicable.											
THE OBLIGATIONES  SIGNATURE  Signature, typed or printed name of registered agent and tile if applicable.  Pilling Fee is \$61.25 Due by May 1, 2005  Pilling Fee is \$61.25 Due by May 1, 2005  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE VARGAS, H. RICK STREET ADDRESS CITY-ST-2IP  ITILE ROSARIO, JEANNETTE STREET ADDRESS CITY-ST-2IP  ITILE S ROSARIO, JEANNETTE STREET ADDRESS CITY-ST-2IP  ITILE S ROSELL, SANDRA STREET ADDRESS CITY-ST-2IP  ITILE T ROSELL, SANDRA STREET ADDRESS CITY-ST-2IP MIAMI, FL 33172  Delete A						FL Zip Code					
Trust Fund Contribution.   Added to Fees   Florida Department of State	J		nd title if applicable. (NOTE	:: Registered Agent signa	w beniupen anut	when reinstating)		DATE			
TITLE	ı						40.00 may 50 1				
NAME VARGAS, H. RICK STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE NAME ROSARIO, JEANNETTE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE S NAME PACHECO, SANDRA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE NAME PACHECO, SANDRA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE T ROSELL, SANDRA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE T ROSELL, SANDRA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE T ROSELL, SANDRA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE T ROSELL, SANDRA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172  TITLE D Delete D Delete TITLE D Delete D D Delete D Delete D D Delete D D D D D D D D D D D D D D D D D D		<del></del>			ΑC	DDITIONS/CHANGE	S TO OFFICE				
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NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33172   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33172   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS	NAME STREET ADDRESS	ROSARIO, JEANNETTE 275 FONTAINEBLEAU BLVD #200		NAME STREET ADDRESS					Change	☐ Addition	
NAME         ROSELL, SANDRA         NAME           STREET ADDRESS         275 FONTAINEBLEAU BLVD #200         STREET ADDRESS           CITY-ST-ZIP         MIAMI, FL 33172         CITY-ST-ZIP           TITLE         D         Delete         TITLE	NAME STREET ADDRESS	PACHECO, SANDRA 275 FONTAINEBLEAU BLVD #200	-	NAME STREET ADDRESS					Change	Addition	
	NAME STREET ADDRESS	ROSELL, SANDRA 275 FONTAINEBLEAU BLVD #200		NAME Street Address					☐ Change	Addition	
STREET ADDRESS 275 FONTAINEBLEAU BLVD #200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP	NAME STREET ADDRESS	QUINONEZ, JOSE 275 FONTAINEBLEAU BLVD #200		NAME STREET ADDRESS					☐ Change	Addition	
TITLE D Delete TITLE NAME ARQUELLES, DAYRON NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 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	NAME STREET ADDRESS	ARQUELLES, DAYRON 275 FONTAINEBLEAU BLVD #200		NAME Street Address					Change	☐ Addition	

indicated on this report or supplied with this filling does not quality 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 of 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 an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #