

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2004
Secretary of State**

DOCUMENT# N41878

Entity Name: L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH., FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH., FL 33140 US

New Mailing Address:

FEI Number: 65-0247650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CAMARA, ROSA
5201 BLUE LAGOON DR. #100
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MARS, GARY M
150 WEST FLAGLER STREET
27TH FLOOR
MIAMI, FL 33130 US

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.

SIGNATURE: GARY M MARS

04/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORNEJO, ARTURO
Address: 5757 COLLINS AVE #1806
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: LEVY, SAM
Address: 5757 COLLINS AVE., #2207
City-St-Zip: MIAMI BCH., FL 33140

Title: SD () Delete
Name: SILA, GRAZIA
Address: 5757 COLLINS AVE. #1707
City-St-Zip: MIAMI BCH., FL 33140

Title: SD () Delete
Name: KUPERSTEIN, STANLEY
Address: 5757 COLLINS AVE. #1201
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: HUNTER, SONDRRA
Address: 5757 COLLINS AVE. UNIT 1406
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR SOTOLONGO

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date