2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
04-23-2004 90220 023 ****61.25

DOCUMENT # 713099

1. Entity Name
THE APOLLO CONDOMINIUM INC.

Principal Place of Business	Mailing Address
THE APOLLO CONDO INC MIAMI BEACH, FL 33139 US	1130 - 11TH STREET MIAMI BEACH, FL 33129 US

04202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1130-11 St.	1130-11 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Fl.	City & State: Miami Beach, Fl.
Zip: 33139 Country: Miami-Dade	Zip: 33139 Country: Miami-Dade

4. FEI Number: 59-1221789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MEOLI, NICOLAS~~ ~~1130 11TH ST APT 7G~~ ~~MIAMI BEACH, FL 33139~~ > REMOVE	Name: Clemente J. Delatorre Street Address (P.O. Box Number is Not Acceptable): 900 W. 49 St. Ste.220 City: Hialeah, Fl. 33012 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 accept the obligations of registered agent.

SIGNATURE _____ 4/19/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	~~P~~ ~~MEOLI, NICOLAS~~ ~~1130 11 ST APT 7G~~ ~~MIAMI BEACH, FL 33139~~	☒ Delete	PD MARK HOLLOWAY 1130 - 11 St. Apt. 4A MIAMI BEACH, FL. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLLOWAY, MARK 1130 – 11 STR., APT 4A MIAMI BEACH, FL 33139	☐ Delete	VP CANDICE GONZALEZ 1130-11 St. Apt. 2A MIAMI BEACH, FL. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GONZALEZ, CANDICE 1130 - 11 ST., APT 2A MIAMI BCH,, FL 33139	☐ Delete	T Olga Sallaberry 1130 - 11 St. Apt 4g MIAMI BEACH, FL. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SALLABERRY, OLGA 1130 - 11 ST., APT 4G MIAMI BEACH, FL 33139	☐ Delete	S Marilyn Elsevif 1130 - 11 St. Apt. 2B MIAMI BEACH, FL. 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CACERES, EDGARD MR~~ ~~1130 11ST APT 2K~~ ~~MIAMI BEACH, FL 33139~~	☒ Delete	D Felix Mondejar 1130 - 11 St. Apt. 2H MIAMI BEACH, FL. 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MARTINEZ, JASETA~~ ~~1130 11ST APT 6~~ ~~MIAMI BCH, FL 33139~~	☒ Delete		☐ Change ☐ 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: _____ C Gonzalez 4/19/04 305-821-7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #