


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90013 049 \*\*\*\*61.25

<b>DOCUMENT # N93000003514</b> 1. Entity Name G.V.P. CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5455 S.W. 8TH ST. #105 MIAMI, FL 33144	Mailing Address 10556 N.W. 26TH STREET #203 MIAMI, FL 33172
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01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0472196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ARROM, ORLANDO 10556 N.W. 26TH STREET #203 MIAMI, FL 33172
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$81.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABO, ANDRES 5455 S.W. 8TH ST. SUITE 105 #135 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTACOURT, MIGUEL 5455 SW 8 ST STE 210 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ORENS 8544 SW 8 ST STE 240 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05 (305) 444-0902  
Date Daytime Phone #