


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90019 004 ****61.25

DOCUMENT # 709241	
1. Entity Name INTERCONDOMINIUM, INC.	

Principal Place of Business 8299 CORAL WAY MIAMI, FL 33155 US	Mailing Address 8299 CORAL WAY MIAMI, FL 33155 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40019547



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1595291		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PROPERTY MANAGEMENT SERVICES INC 8299 CORAL WAY MIAMI, FL 33155		Name Street 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 accept the obligations of registered agent.

SIGNATURE

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, 2005**

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	PD ZAMORA, FEDERICO 1800 KENNEDY CAUSEWAY N. BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD OILL, MINNIE 1770 KENNEDY CAUSEWAY N. BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARRIS, ELINOR 1780 KENNEDY CAUSEWAY N. BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>MATHEW DYMONO</i> <i>1780 KENNEDY CAUSEWAY</i> <i>N. Bay Village, FL 33141</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GINSBERG, SIDNEY 1780 KENNEDY CAUSEWAY N BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREGMAN, ANNE 1780 KENNEDY CAUSEWAY N BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TREASURER</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>JENNY RONDON</i> <i>1770 KENNEDY CAUSEWAY</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>MARGARITA PAREZ</i> <i>1770 KENNEDY CAUSEWAY</i> <i>N. Bay Village, FL 33141</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARGARITA PAREZ
2005
1-2-05 2644250